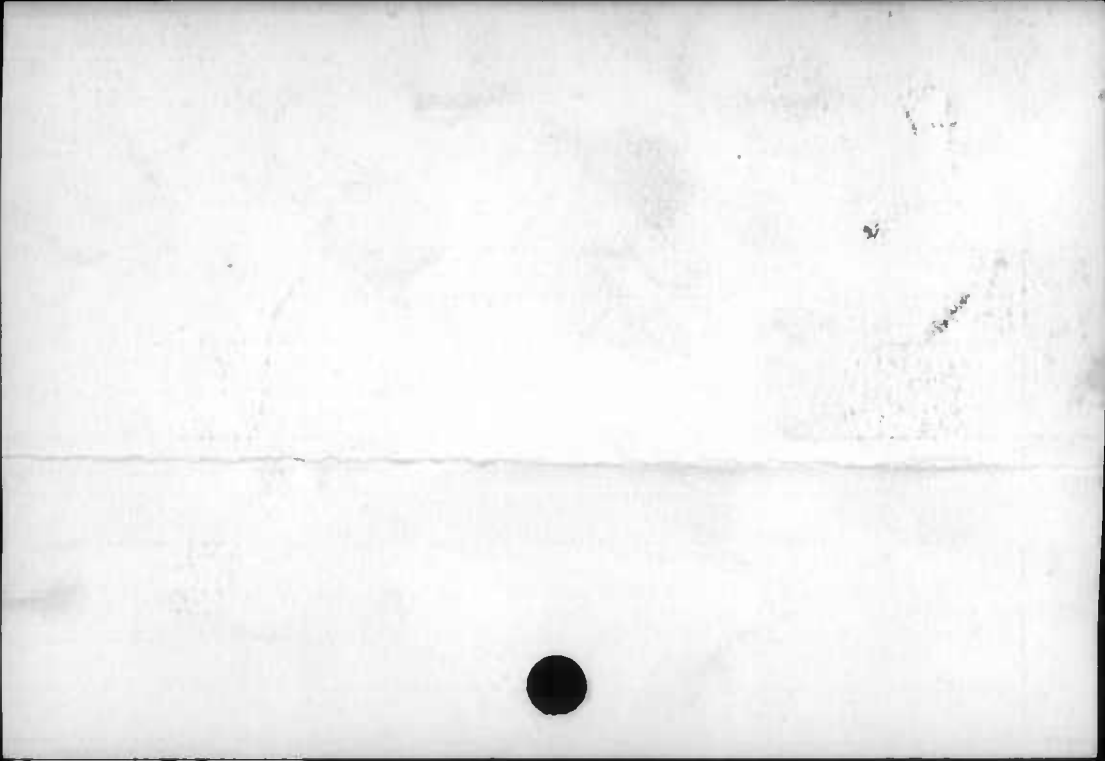


Name in Full		Benjamin H Amos -				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Watertown</i> Town		<i>Q A</i> County		MARYLAND	
		Date of death <i>1909 Jun</i> Month		<i>23</i> Day		<i>20</i> Years	
		<i>Male</i> Sex		<i>White</i> Color or Race		<i>Q A Co. Md</i> Birth-place	
		<i>Farmer</i> Occupation		Where Residing If not at place of death		—	
		<i>Single</i> Married, Single or Widowed		Name of Wife or Husband		—	
FATHER'S NAME		<i>John Amos -</i>				Father's Birthplace <i>Bald. Co.</i>	
		<i>Anne S. Bever</i> Mother's Maiden Name				Mother's Birthplace <i>P. G. Co.</i>	
		<i>Jas. A. Amos -</i> Name of person giving information				How related to deceased <i>Brother</i>	
PHYSICIAN OR CORONER		CAUSES OF DEATH				<i>271</i>	
		<i>Tuberculosis</i> Primary				<i>one yr -</i> How long	
		— Immediate				— How long	
		<i>Yes -</i> Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>H. B. Gantt</i>	
				Address <i>Amesville, Md</i>			
Accident or Suicide?							



Name
in
Full

Isaiah C. Ballard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at East Port ^{Town} AAbs ^{County} MARYLAND

Date of death 1909 ^{Month} Jan ^{Day} 18th ^{Age} 4 ^{Years} 4 ^{Months} 4 ^{Days}

Sex Male Color or Race col. Birth-place AAbs.

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Joshua Ballard

Father's
Birthplace

AAbs.

Mother's
Maiden Name

Stella Browdy

Mother's
Birthplace

AAbs.

Name of person giving
Information

Father

How related
to deceased

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary

Marasmus

How long

Months

Immediate

Exhaustion

How long

Gradual

Are the name, age, sex, color, date
and place correctly given above?

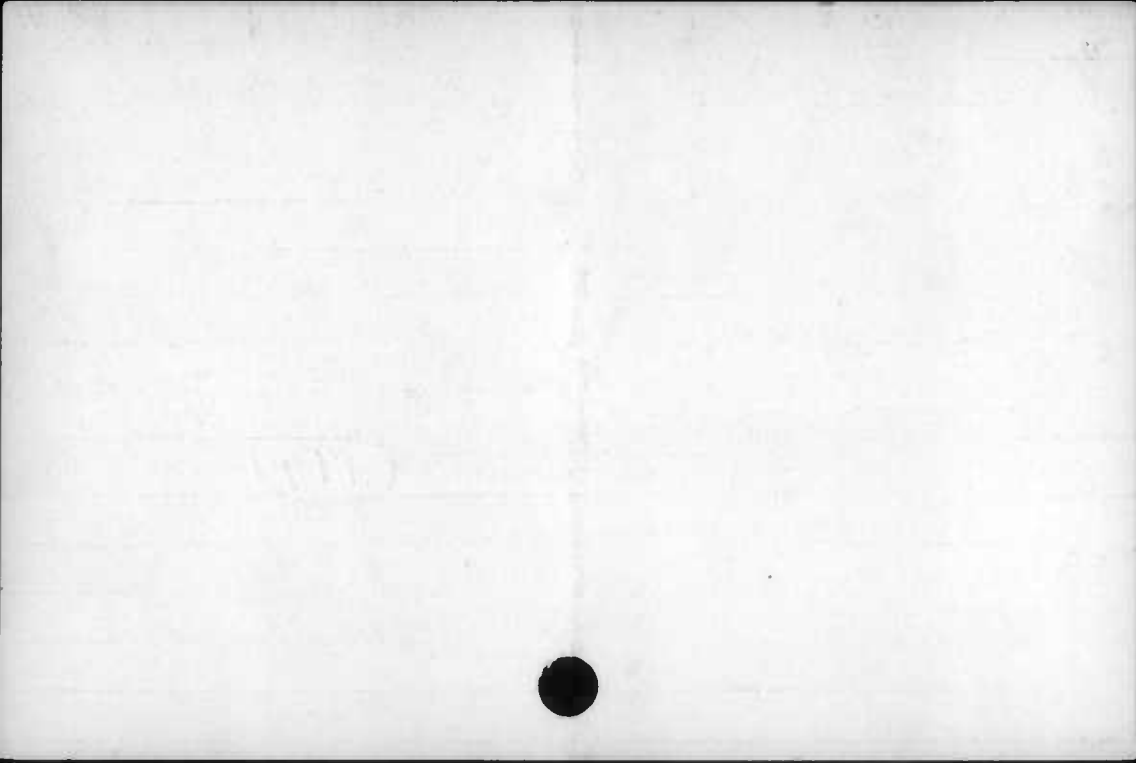
yes

Signature of
Physician

Address

John Ridout, M.D.
Annapolis
Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *George H. Beall* Town *Annapolis* County *Anne Arundel* MARYLAND

Died at *Annapolis* Month *Jan* Day *20* Age *37* Years Months Days

Date of death *1909*

Sex *Male* Color or Race *White* Birth-place *Annapolis*

Occupation *Clerk* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Maud. Beall*

Father's Name *John. Beall* Father's Birthplace *New York.*

Mother's Maiden Name *Mary A Lamb* Mother's Birthplace *Annapolis Md*

Name of person giving Information *Maud Beall* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia* How long *4 days*

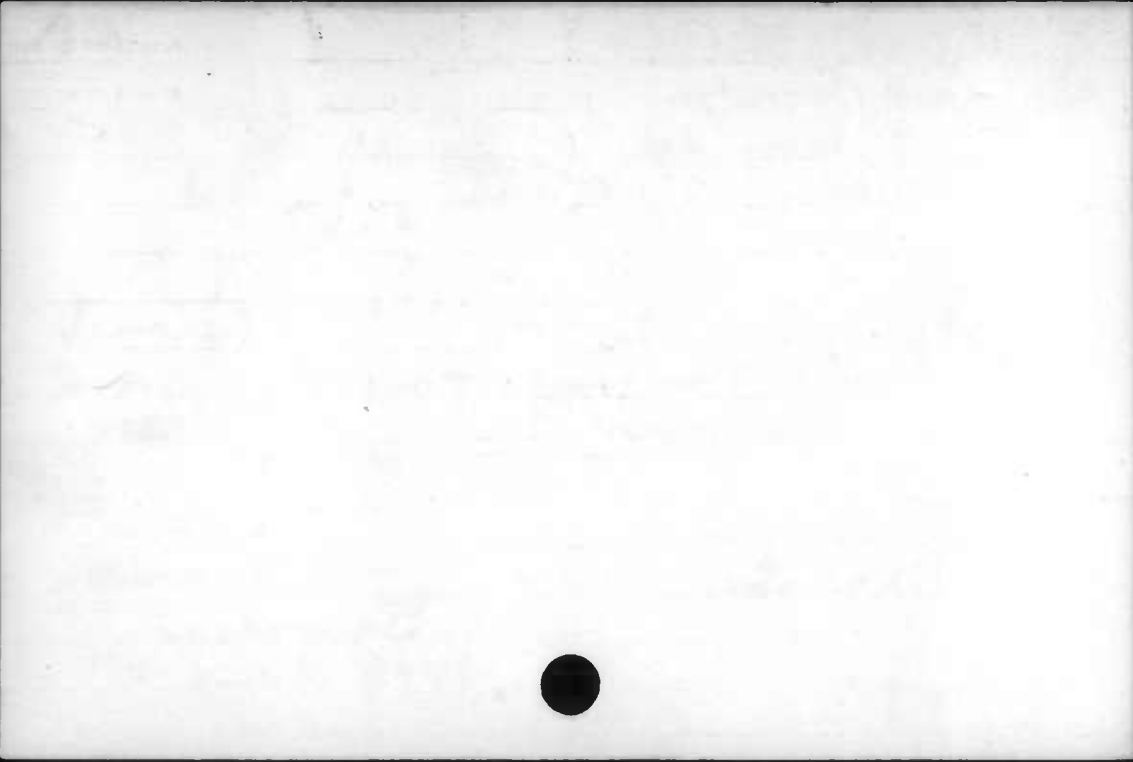
Immediate *Heart Failure* How long *Suddenly*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *S. S. Hyslop*

Address *Annapolis Md.*

Accident or Suicide *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

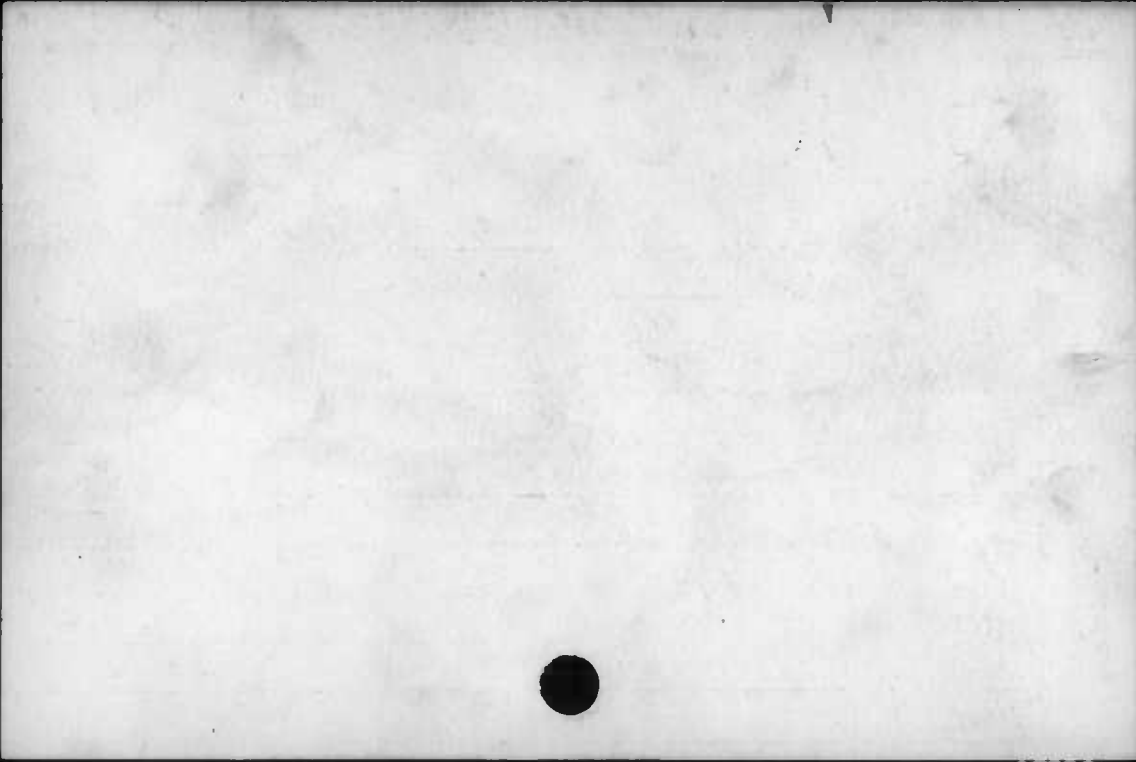
Died at <i>Annapolis</i> Town <i>Annapolis</i> County <i>Annapolis</i> MARYLAND	
Date of death <i>1909</i> Month <i>January</i> Day <i>17</i> Age <i>29</i> Months <i>—</i> Days <i>—</i>	
Sex <i>Male</i> Color or Race <i>Colored</i> Birth-place <i>Annapolis</i>	
Occupation <i>Laborer</i> Where Residing if not at place of death <i>63 Water St.</i>	
Married, Single or Widowed <i>Married</i> Name of Wife or Husband <i>Charcoal Beaman</i>	
Father's Name <i>Spencer Beaman</i> Father's Birthplace <i>A.A.C. Md</i>	
Mother's Maiden Name <i>Leta Lee</i> Mother's Birthplace <i>A.A.C. Md</i>	
Name of person giving information <i>Spencer Beaman</i> How related to deceased <i>father</i>	

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary <i>Typhoid Pneumonia</i> How long <i>Ten days</i>	
Immediate <i>Silent Failure</i> How long <i>Sudden</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Ridout MD</i>
	Address <i>Annapolis Md</i>
Accident or Suicide?	



Name
in
Full

Marie Berger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *East Brooklyn* TownCounty *A.A.*

MARYLAND

Date of death *1909 Jan 24* Month DayAge *—* YearsMonths *4* Days *4*Sex *Female*Color or Race *white*Birth-place *Md*Occupation *—*Where Residing If not at place of death *—*Married, Single or Widowed *Single*Name of Wife or Husband *—*Father's Name *Wladyslaw Berger*Father's Birthplace *Poland*Mother's Maiden Name *Paulina Janowska*Mother's Birthplace *Poland*Name of person giving information *Wladyslaw Berger*How related to deceased *Father*

CAUSES OF DEATH

*90*Primary *Exhaustion*
*Bronchitis*How long *4 days*Immediate *Bronchitis*How long *3 months*

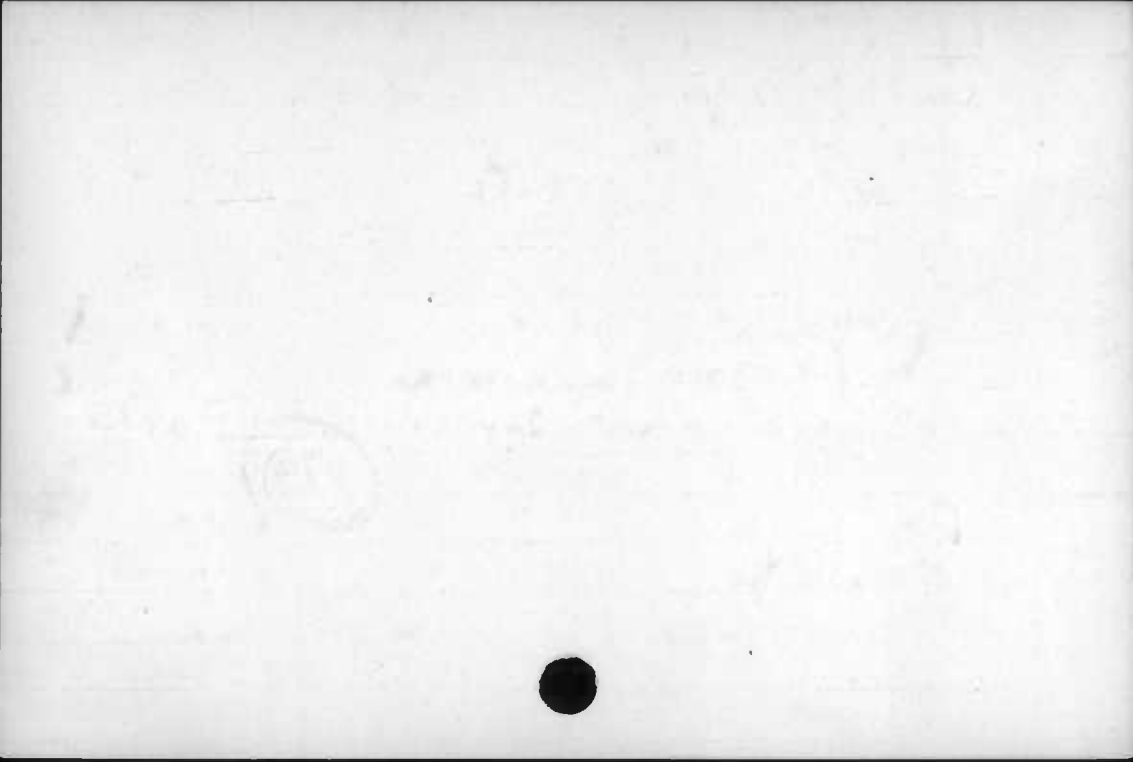
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. Szwalski
1718 Bank St
*Balto**Copy*

Accident or Suicide?



Name
in
Full

Henry Berlan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

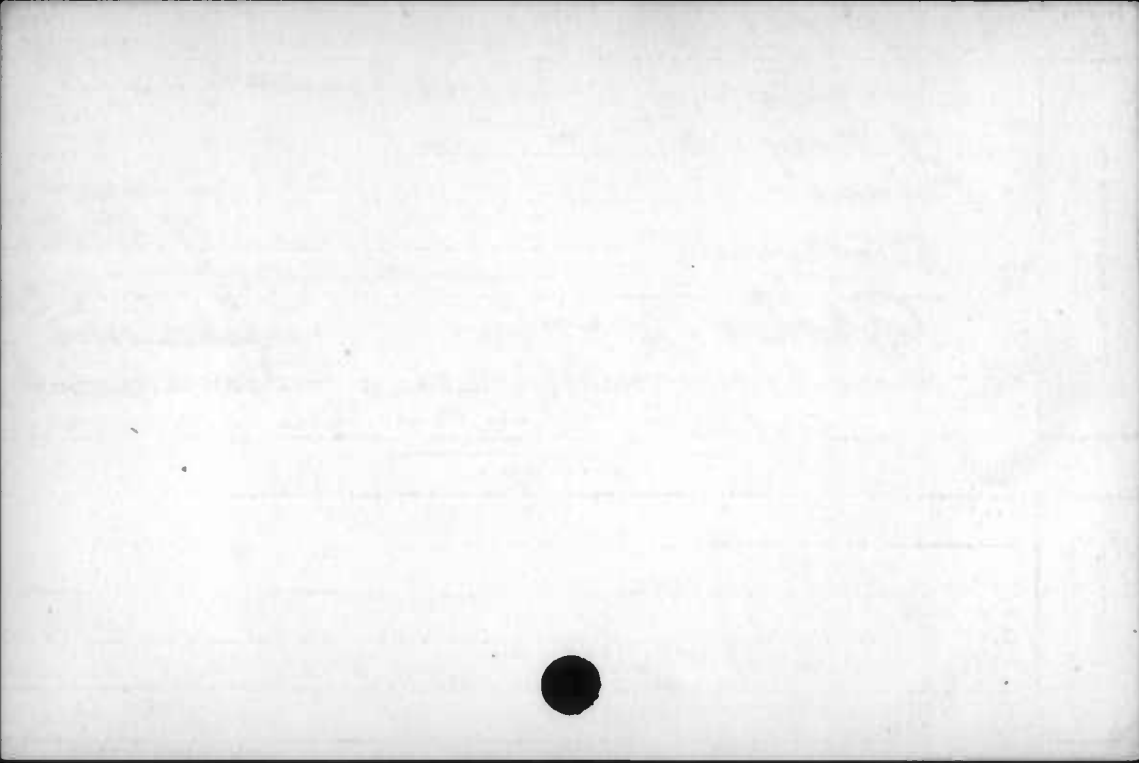
Died at <i>Stone Hill Ave</i>		Town <i>Stone Hill</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	1909	Month	Jan	Day	7	Age	54
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months <i>9</i> Days <i>2</i>	
Occupation <i>Cabinet Maker</i>		Where Residing if not at place of death <i>921 Hanover St.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Margaret Berlan</i>					
Father's Name <i>Henry Berlan sr</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Catherine Noll</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Carrie Berlan</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Heart Failure</i>	How long
Immediate	<i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>John C Pter Cor</i>
		Address <i>Brooklyn</i>
		<i>A. A. C. M.D.</i>
Accident or Suicide?		



Name
in
Full

Black. Stillborn

CERTIFICATE OF DEATH

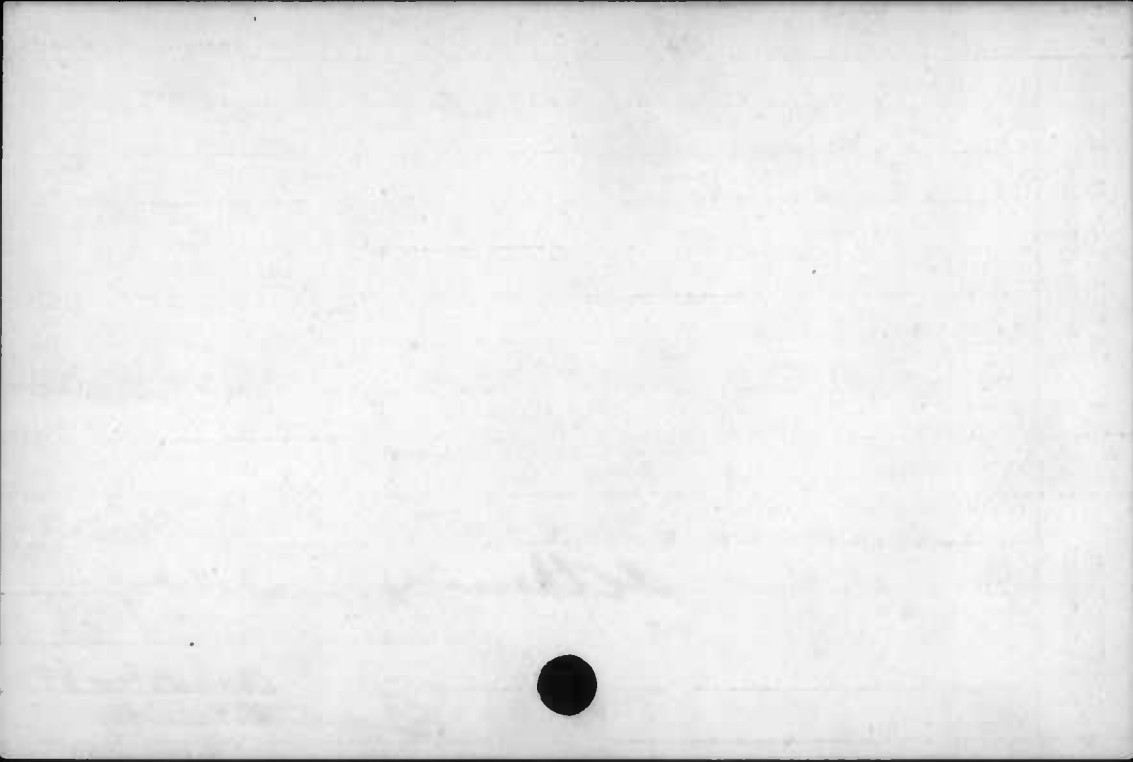
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death	<i>1909</i> <small>Month</small>	<i>Jan</i> <small>Day</small>	<i>6</i> <small>Age</small>	<i>—</i> <small>Years</small>	<i>—</i> <small>Months</small>
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Annapolis</i>
Occupation	<i>Stillborn</i>		Where Residing if not at place of death <i>Duke of Gloucester St</i>		
Married, Single or Widowed	<i>Stillborn</i>		Name of Wife or Husband <i>—</i>		
Father's Name	<i>Arthur Black</i>			Father's Birthplace	<i>Calverton, D.C.</i>
Mother's Maiden Name	<i>Luella Simblake</i>			Mother's Birthplace	<i>Winchester, Va</i>
Name of person giving information	<i>Arthur Black</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>(Abortion) unknown</i>	How long	<i>SD</i>
Immediate	<i>Still born</i>	How long	
Are the name, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>R. T. Keefe</i>
		Address	<i>600 Theodora St Annapolis, Md</i>
Accident or Suicide?	<i>no</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Elizabeth Bradley</i>		Town <i>Brooklyn</i>		County <i>Anne Arundel</i>		State <i>MARYLAND</i>	
Died at <i>Brooklyn</i>		Month <i>Jan</i>		Day <i>21</i>		Years <i>57</i>	
Date of death <i>1909 Jan 21</i>		Age <i>57</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Md</i>			
Occupation <i>Housewife</i>		Where Reading if not at place of death <i>509 Race St</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Frank H. Bradley</i>					
Father's Name <i>John Carson</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Eva Kesser</i>		Mother's Birthplace <i>Md</i>					
Name of person giving Information <i>E. R. Dorschell</i>		How related to deceased <i>Son in Law</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

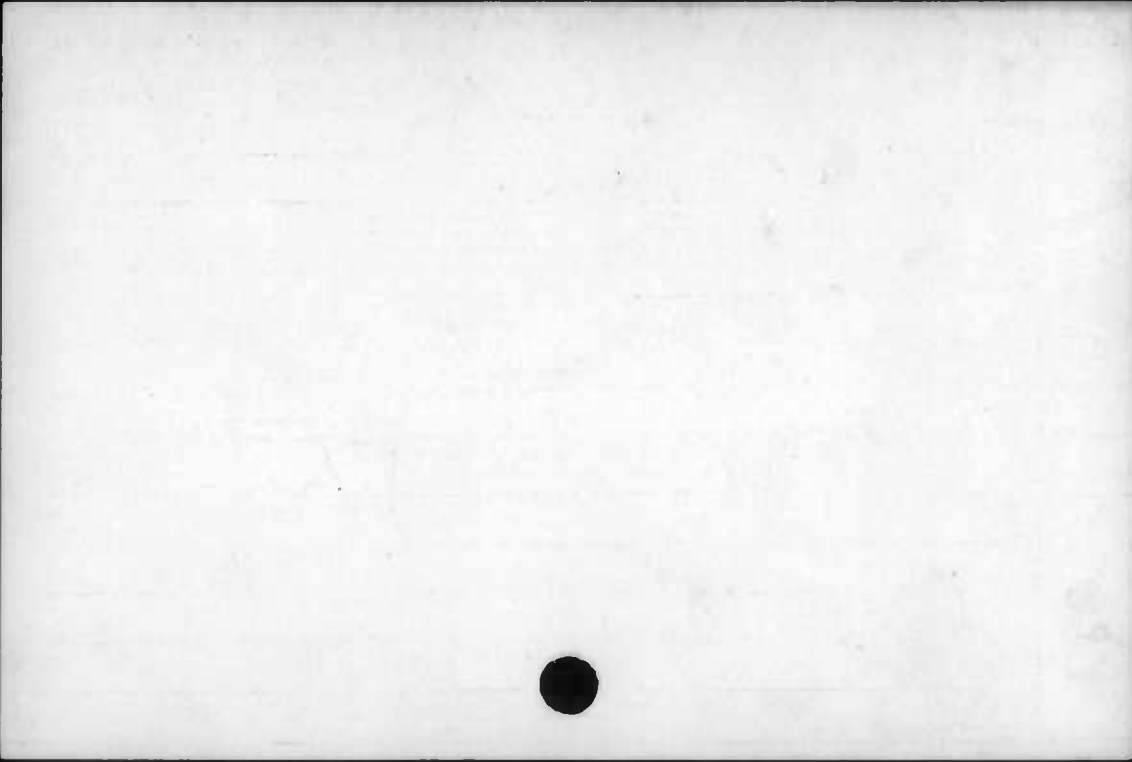
Primary <i>Chronic Nephritis</i>		How long <i>Indefinite</i>	
Immediate <i>Cardiac Asthenia</i>		How long <i>3 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>R. E. Campbell M.D.</i>	
		Address <i>1644 Hanover St. Balt. City</i>	
Accident or Suicide			

W^m Book

Undertaker

502. E. North ave

Name in Full		William H. Brogdon				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND	
		Date of death		9 Jan	2	Age	5
		Sex		Male	Color or Race	Colored	Birth-place
		Occupation		Where Residing if not at place of death		"	
		Married, Single or Widowed		Single		Name of Wife or Husband	
Father's Name		Wesley Brogdon		Father's Birthplace		A.A.Co.	
Mother's Maiden Name		Elmira Brogdon		Mother's Birthplace		"	
Name of person giving information		"		How related to deceased		Mother	
				CAUSES OF DEATH		179	
PHYSICIAN OR CORONER		Primary		Congenital debility		How long	
		Immediate		Exhaustion		How long	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
				Address		P. P. Kuper	
		Accident or Suicide?		No		Address	



Name
in
Full

Amy Statia Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

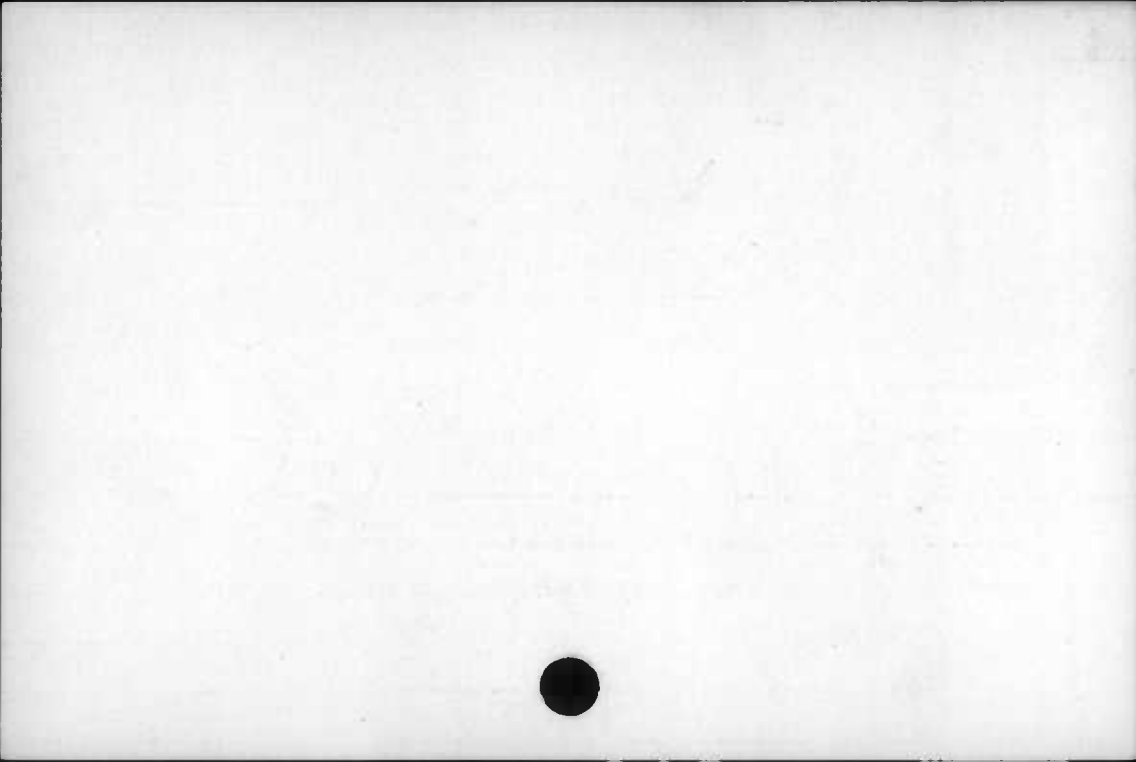
Died at		Town Churchton		County A. A.		MARYLAND	
Date of death		1909	Month Jan	Day 8	Age Years	Months 11	Days 28
Sex	female	Color or Race	coloured	Birth- place	Md.		
Occupation	none			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	Charles Brown				Father's Birthplace	Md.	
Mother's Maiden Name	Amy Statia Matthews				Mother's Birthplace	Md.	
Name of person giving In formation	Charles Brown				How related to deceased	father	

CAUSES OF DEATH

6

PHYSICIAN
OR CORONER

Primary	Measles	How long	7 days.
Immediate	Broncho Pneumonia	How long	2 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Geo. S. Dent
		Address	Churchton Md.
Accident or Suicide?			



Name
in
Full

William Henry Carr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

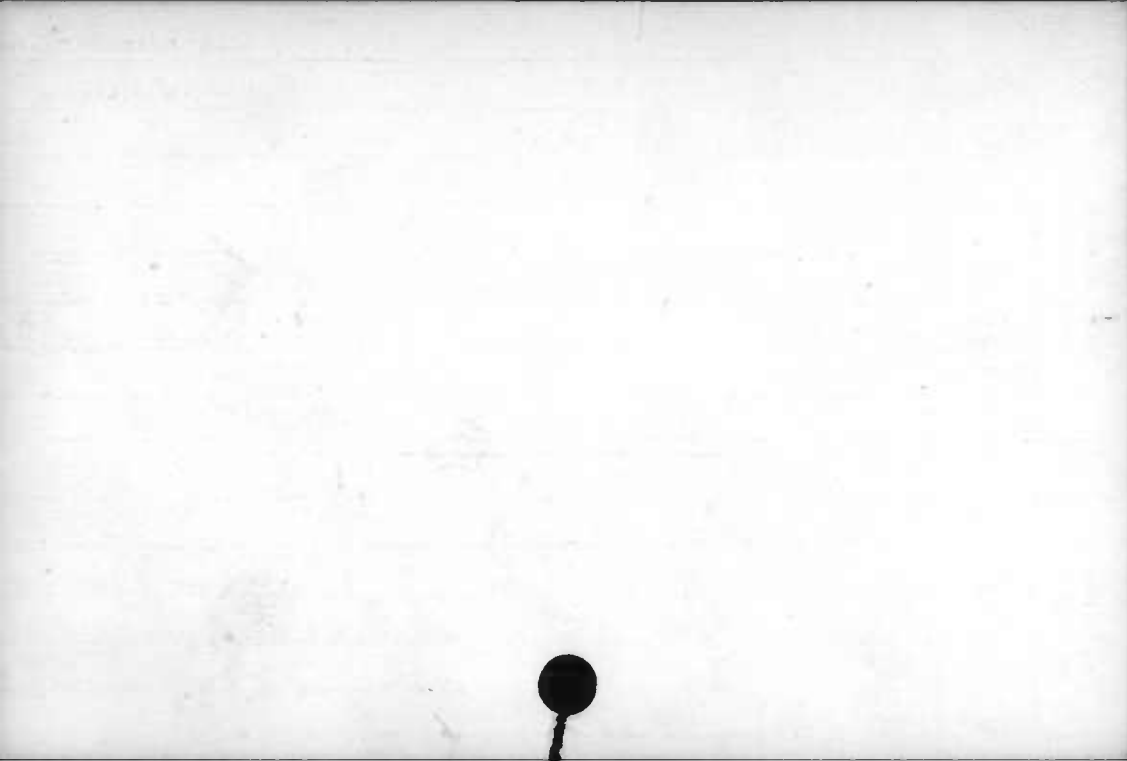
Died at		Town Annapolis		County Anne Arundel		MARYLAND	
Date of death		1909	Month Jan	Day Jul 19 th	Age 61	Years 9	Months 6
Sex Male		Color or Race White		Birth-place A.A. County		2nd	
Occupation Finner				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Annie E. Carr					
Father's Name Unknown		Father's Birthplace Unknown					
Mother's Maiden Name Unknown		Mother's Birthplace Unknown					
Name of person giving Information Annie T. Gorman		How related to deceased Nurse					

CAUSES OF DEATH

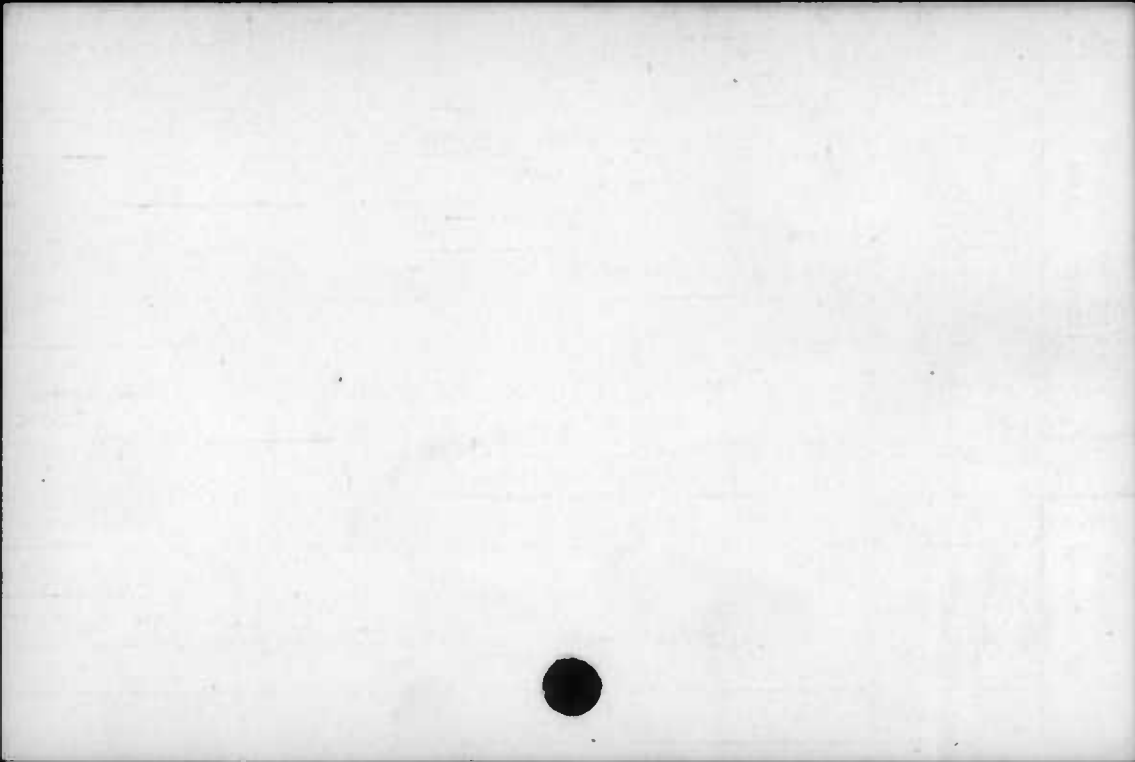
120

PHYSICIAN
OR CORONER

Primary	Bright's disease Kidneys	How long One year
Immediate	Chronic Poisoning	How long Two months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Geo. Wells
Yes No		Address Annapolis Maryland
Accident or Suicide		



Name in Full		John Cassidy				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Annapolis		Anne Arundel		MARYLAND	
	Date of death	1909	January	22	Age	74	Months 10 Days 6
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Shoe Merchant		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband			
	Father's Name	Owen Cassidy				Father's Birthplace	Ireland
	Mother's Maiden Name	Unknown				Mother's Birthplace	Ireland
	Name of person giving information	Edward R. Cassidy				How related to deceased	Son
CAUSES OF DEATH						125	
PHYSICIAN OR CORONER	Primary	Senility & Coronary Artery				How long	Some months
	Immediate	Heart Failure				How long	Sudden
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
Accident or Suicide?		Neither					



Name
in
Full

Margaret - H. Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

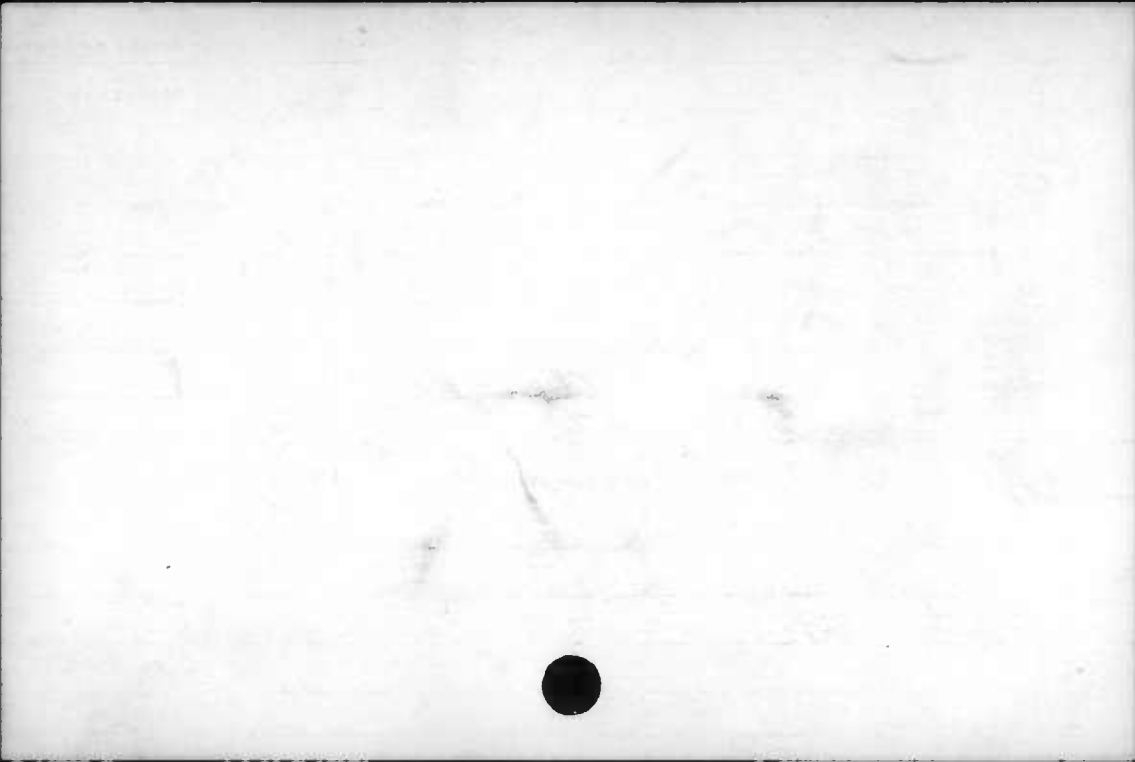
Died at <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	1909	Month	Jan.	Day	5
Age	66	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Annapolis Md.
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	George Clark		
Father's Name	Sam'l. Tydings	Father's Birthplace	Unknown		
Mother's Maiden Name	Ann C. Watkins	Mother's Birthplace	Unknown		
Name of person giving Information	Annie Stewart	How related to deceased	Daughter		

CAUSES OF DEATH

40

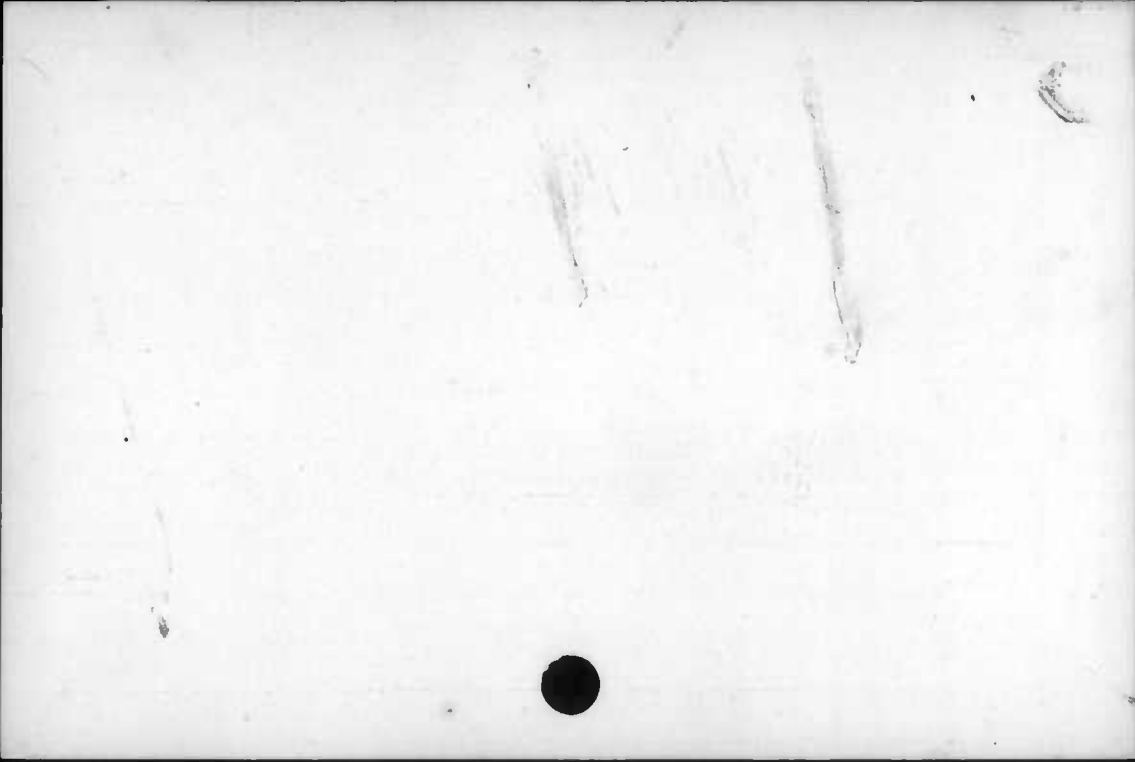
PHYSICIAN
OR CORONER

Primary	Cancer of Stomach	How long	over a year
Immediate	Exhaustion	How long	
Are the name, age, sex, color, data and place correctly given above?	yes	Signature of Physician	S. S. Hephburn
		Address	Annapolis Md.
Accident or Suicide			



Name in Full		Town				County		MAYLAND	
TO BE ANSWERED BY NEAREST FRIEND		Died at		3 ^d District		A. A.			
		Date of death		1909		Month		Days	
		Sex		Male		Color or Race		Colored	
		Occupation				Where Residing if not at place of death			
		Married, Single or Widowed				Name of Wife or Husband			
		Father's Name		Madell Colbert		Father's Birthplace		A. A. Co. Md.	
		Mother's Maiden Name		Hattie Waker		Mother's Birthplace		A. A. Co. Md.	
Name of person giving information		W. Waker		How related to deceased		Grand Father			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary				How long			
		Throat				2 days			
		Immediate				How long			
		Convulsions				1 day			
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
				Address					
Accident or Suicide?									

179



Name
in
Full

CERTIFICATE OF DEATH

George L. Hampton
Town County

MARYLAND

Died at Dabsonville A. D.

Date of death 1909 Jan 27 Age 71
Month Day Years Months Days

Sex Male Color or Race Colored Birthplace Maryland

Occupation Laborer
Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Ann Eliza Brown

Father's Name Don't Know Father's Birthplace Don't Know

Mother's Maiden Name Don't Know Mother's Birthplace Don't Know

Name of person giving Information B. A. Davidson How related to deceased None

CAUSES OF DEATH

(64)

Primary Rheumatism How long Many years

Immediate Cerebral Hemorrhage How long 24 hr

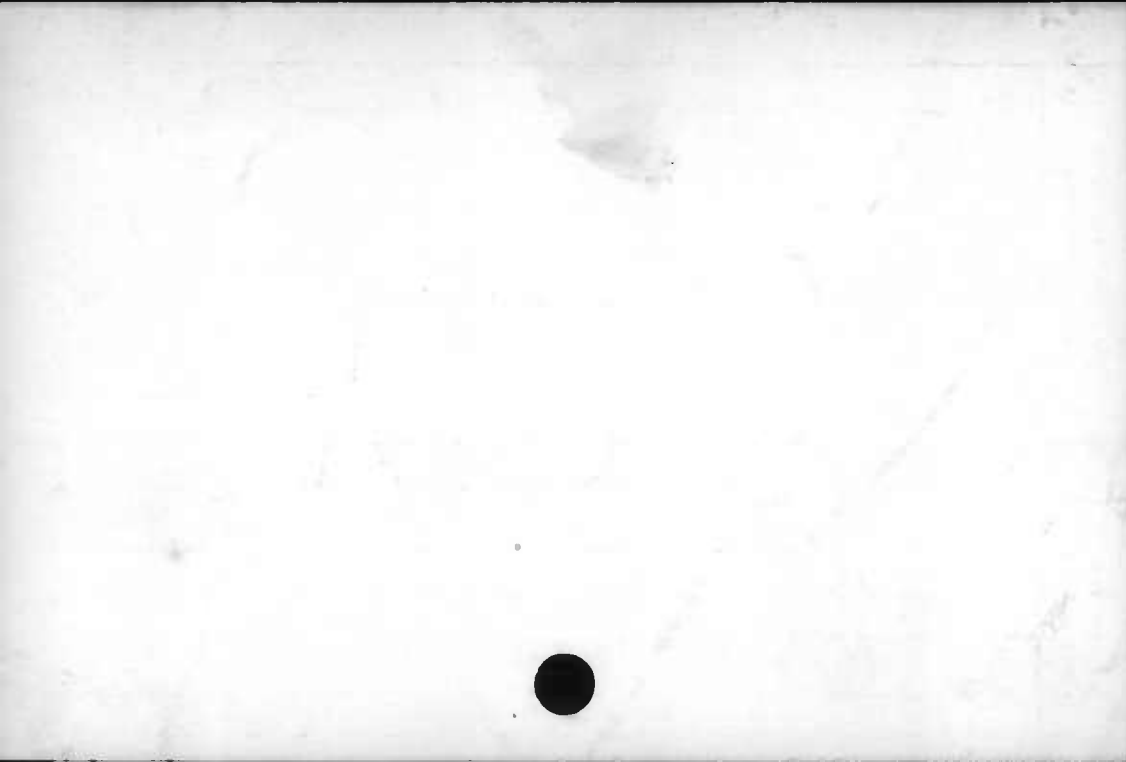
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician B. A. Davidson

Address Dairysville Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

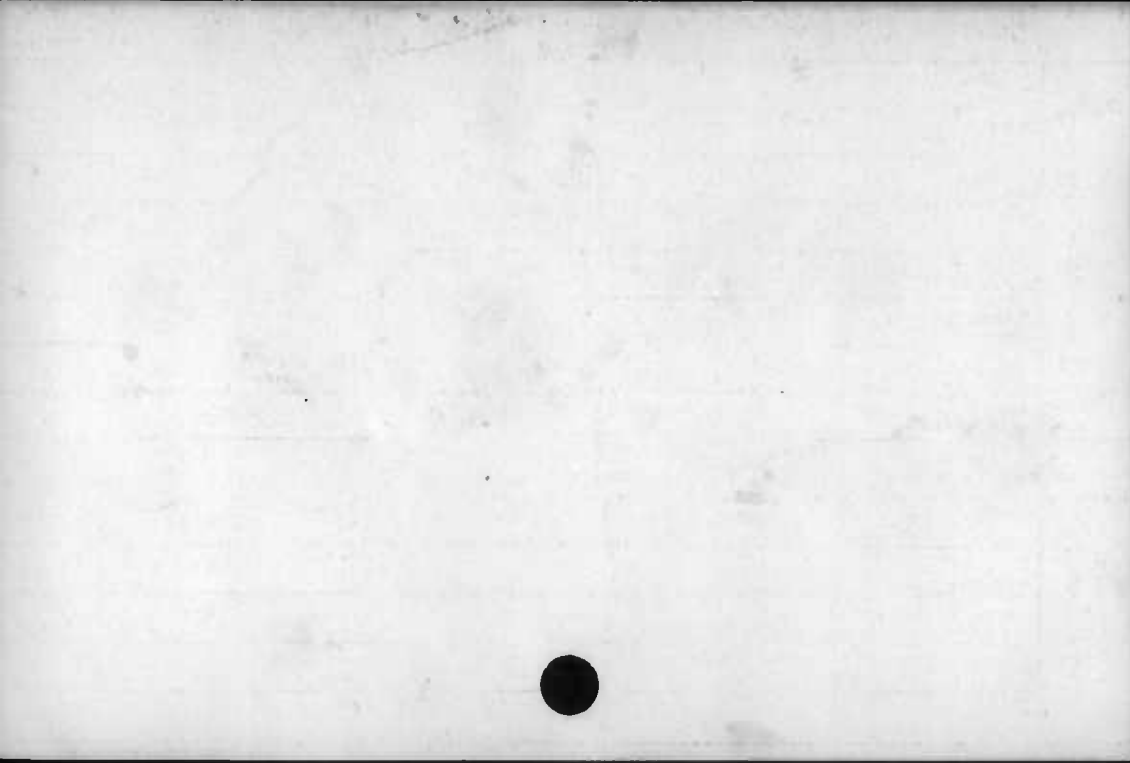
Died at <i>3rd District</i> Town		<i>A.D.</i> County		MARYLAND		
Date of death <i>1909</i>	Month <i>July</i>	Day <i>12</i>	Age <i>2</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>A.D. Co. Md</i>			
Occupation			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband			
Father's Name <i>Unknown</i>			Father's Birthplace			
Mother's Maiden Name <i>Larsh Curry</i>			Mother's Birthplace <i>A.D. Co. Md</i>			
Name of person giving information <i>Samuel R. Gilbert</i>			How related to deceased <i>Neighbor</i>			

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary	<i>Intrauterine tumor</i>	How long	<i>30 days</i>
Immediate	<i>Concussion</i>	How long	<i>2-3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. B. Redmont - M.D.</i>	
<i>Yes</i>		Address <i>Annapolis Md</i>	
Accident or Suicide?		<i>A.D. Co. Md</i>	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

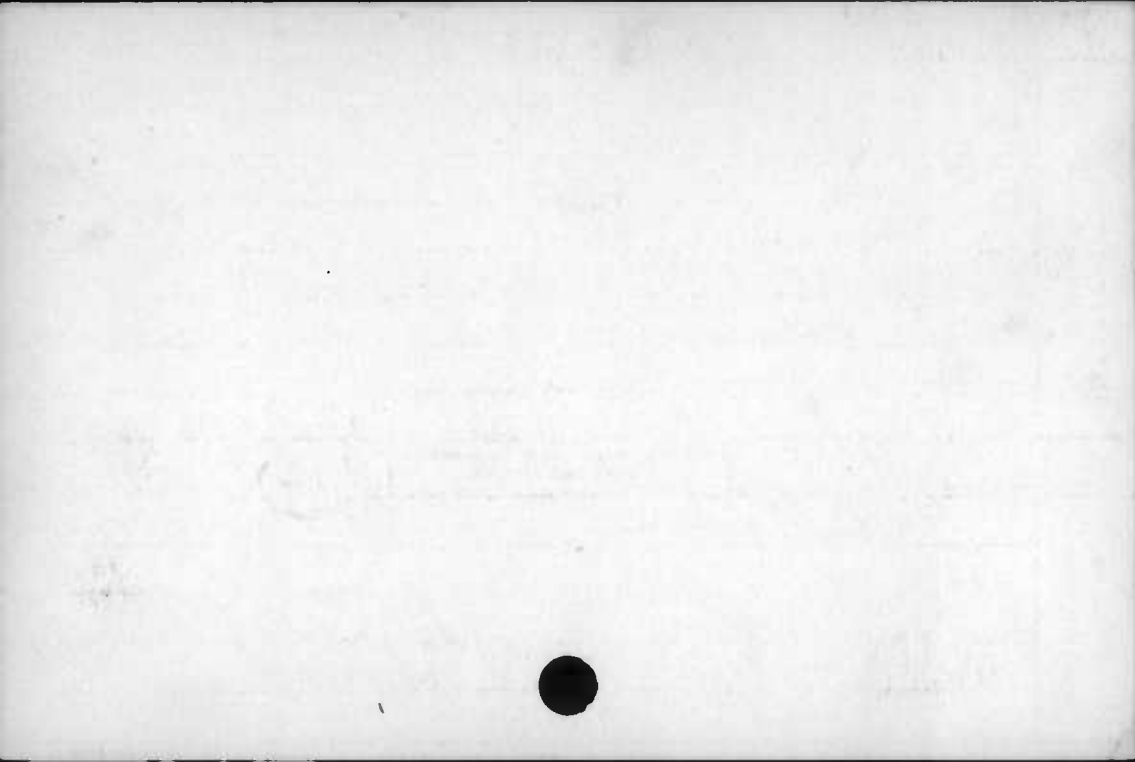
Died at		Town Furnace Branch		County a a	
Date of death	1909	Month Jan	Day 22	Age 40	Years —
Sex male	Color or Race Col		Birth- place Va		
Occupation Farmer	Where Residing if not at place of death — 3 rd Dist				
Married, Single or Widowed Widower	Name of Wife or Husband —				
Father's Name Don't Know	Father's Birthplace —				
Mother's Maiden Name Don't Know	Mother's Birthplace —				
Name of person giving Information Jos. Beatty	How related to deceased None				

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary Accidental Drowning	How long —
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician John C. Otter
	Address —
Accident or Suicide	



Name
in
Full

Baby Debour

CERTIFICATE OF DEATH

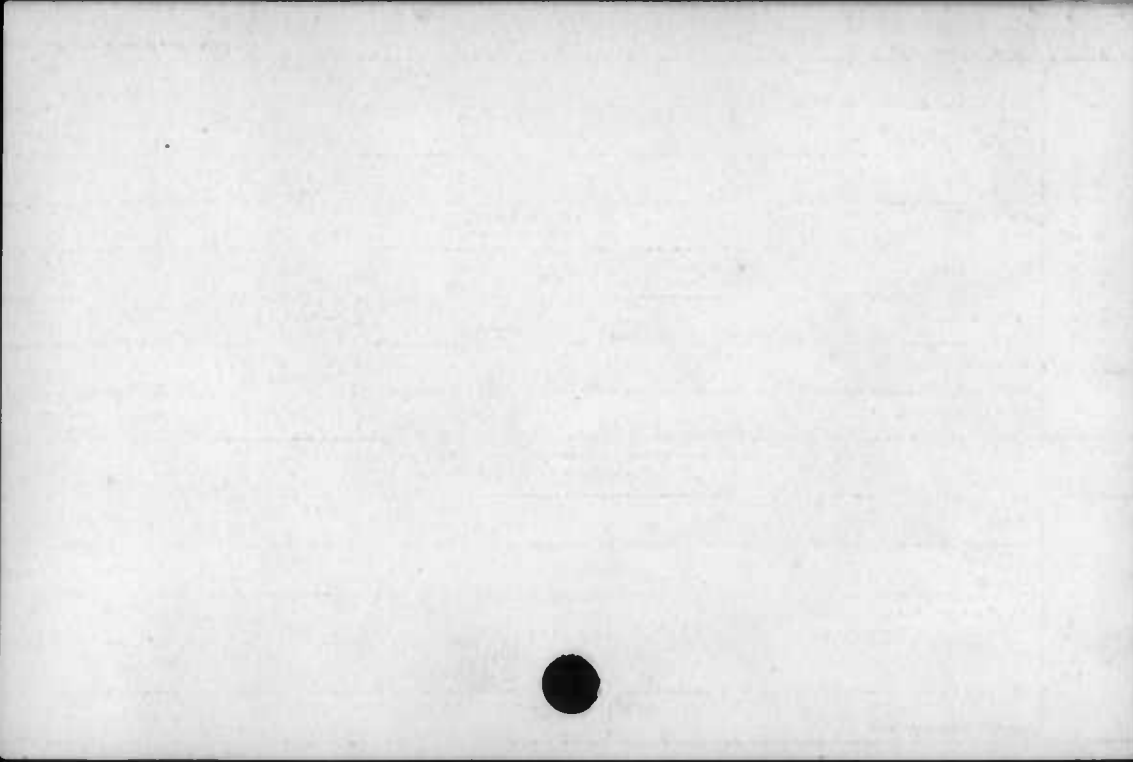
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Jan	3				
Sex	Male		Color or Race	White		Birth-place	Annapolis
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband	None			
Father's Name	William Debour					Father's Birthplace	Iowa
Mother's Maiden Name	Jennie Bond					Mother's Birthplace	Md.
Name of person giving information	W. Debour					How related to deceased	Father

CAUSES OF DEATH

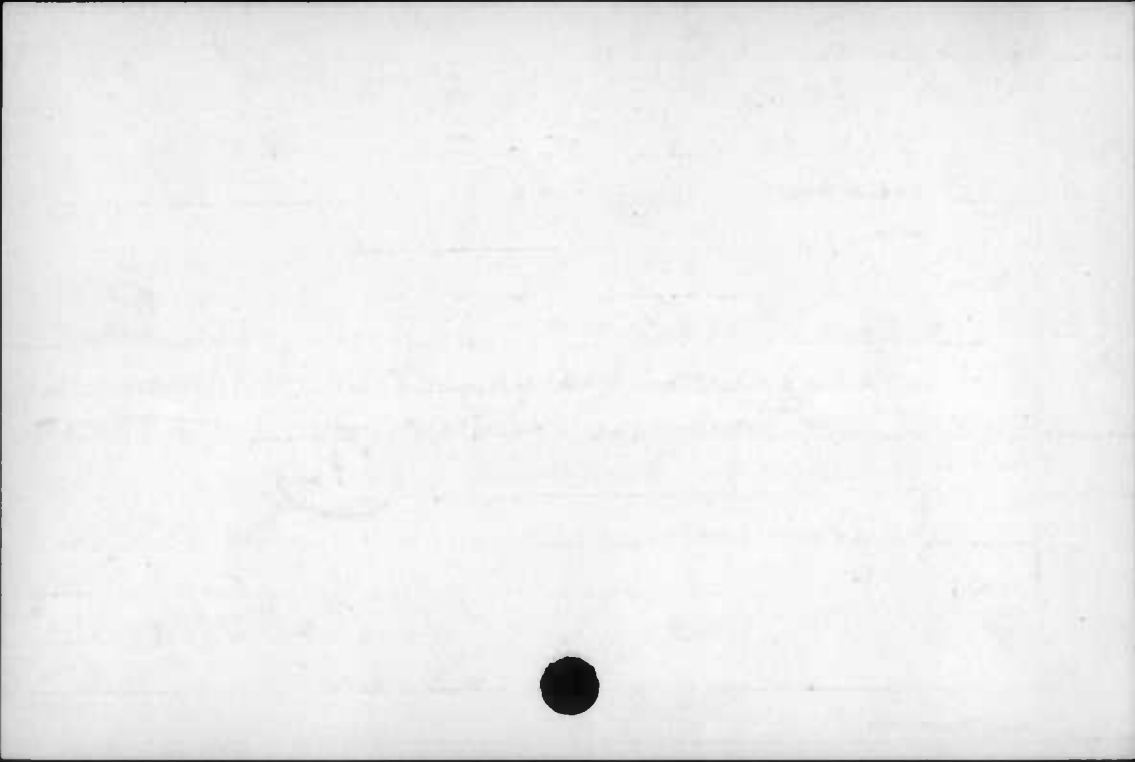
PHYSICIAN
OR CORONER

Primary	Still born	How long	—
Immediate	"	How long	—
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Wm S Welch
		Address	Annapolis
Accident or Suicide?	—		

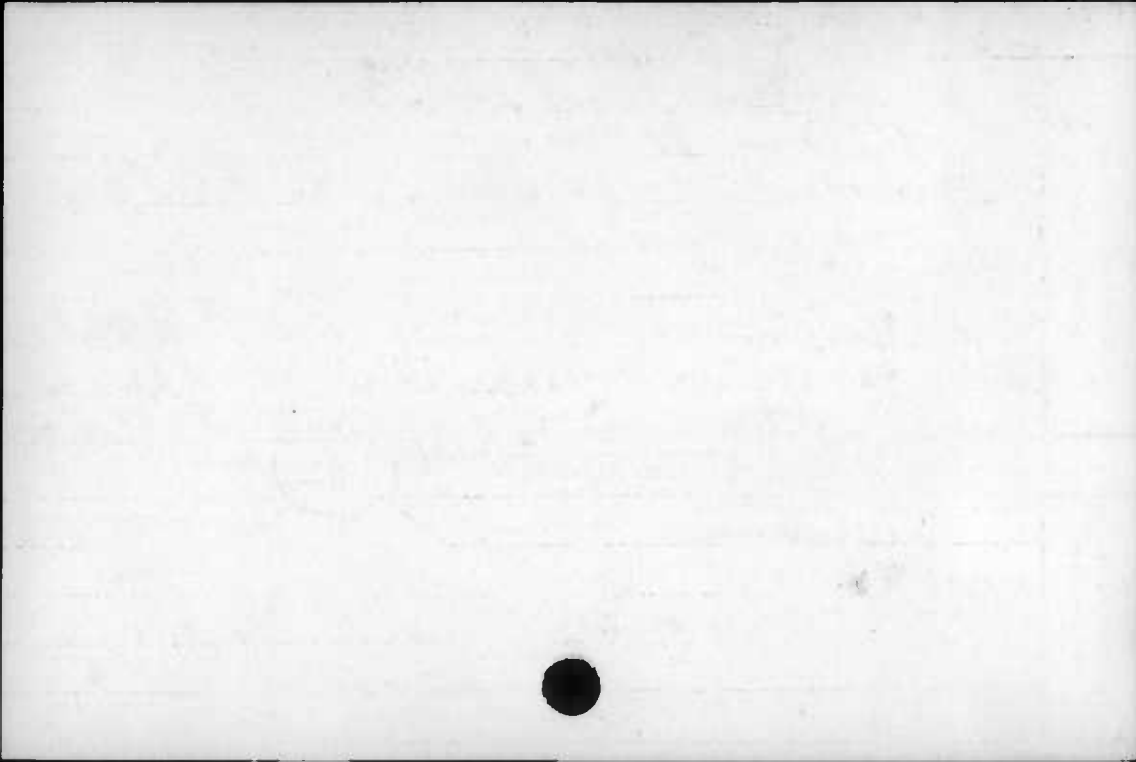


Name in Full		Nellie Dober				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		So. Batts -		County		MARYLAND
	Date of death		1909 Jan 3		Age		
	Sex		Female		Color or Race		White
	Occupation		—		Birth-place		md
	Where Residing if not at place of death		—				
	Married, Single or divorced		—		Name of Wife or Husband		—
PHYSICIAN OR CORONER	Father's Name		William Dober		Father's Birthplace		Russia
	Mother's Maiden Name		Tena Cowen		Mother's Birthplace		Russia
	Name of person giving information		William Dober		How related to deceased		Father
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Enterocolitis		How long		One week
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Thos. B. Horton MD
					Address		So. Batts. Md
Accident or Suicide?							

105



Name in Full		Certificate of Death			
Geneva Dorse		MARYLAND			
Died at So. Balto -		County 4			
Date of death 1909 Jan 9		Age 2		Months 7	
Sex Female		Color or Race white		Birth-place Md	
Occupation -		Where Residing if not at place of death -			
Married, Single or Widowed -		Name of Wife or Husband -			
Father's Name Antone Dorse		Father's Birthplace Russia			
Mother's Maiden Name Anastaza Jankuska		Mother's Birthplace Russia			
Name of person giving information Antone Dorse		How related to deceased Father			
CAUSES OF DEATH 93					
Primary Pneumonia		How long one week			
Immediate		How long			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. W. B. Norton M.D.			
		Address So. Balto - Md -			
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Still Born Dorsey

Town *Jones Sta. 3rd dist A.H.C.* County *A.H.C.*

Died at *Jones Sta. 3rd dist A.H.C.*

Date of death 1909 Month *Jan* Day *11* Age *—* Years *—* Months *—* Days *—*

Sex *male* Color or Race *negro* Birth place *3rd dist A.H.C.*

Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *single* Name of Wife or Husband *—*

Father's Name *Nelson Dorsey* Father's Birthplace *3rd dist A.H.C.*

Mother's Maiden Name *Cora Virginia Pollitt* Mother's Birthplace *3rd dist A.H.C.*

Name of person giving information *Nelson Dorsey* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Still Born.* How long *8*

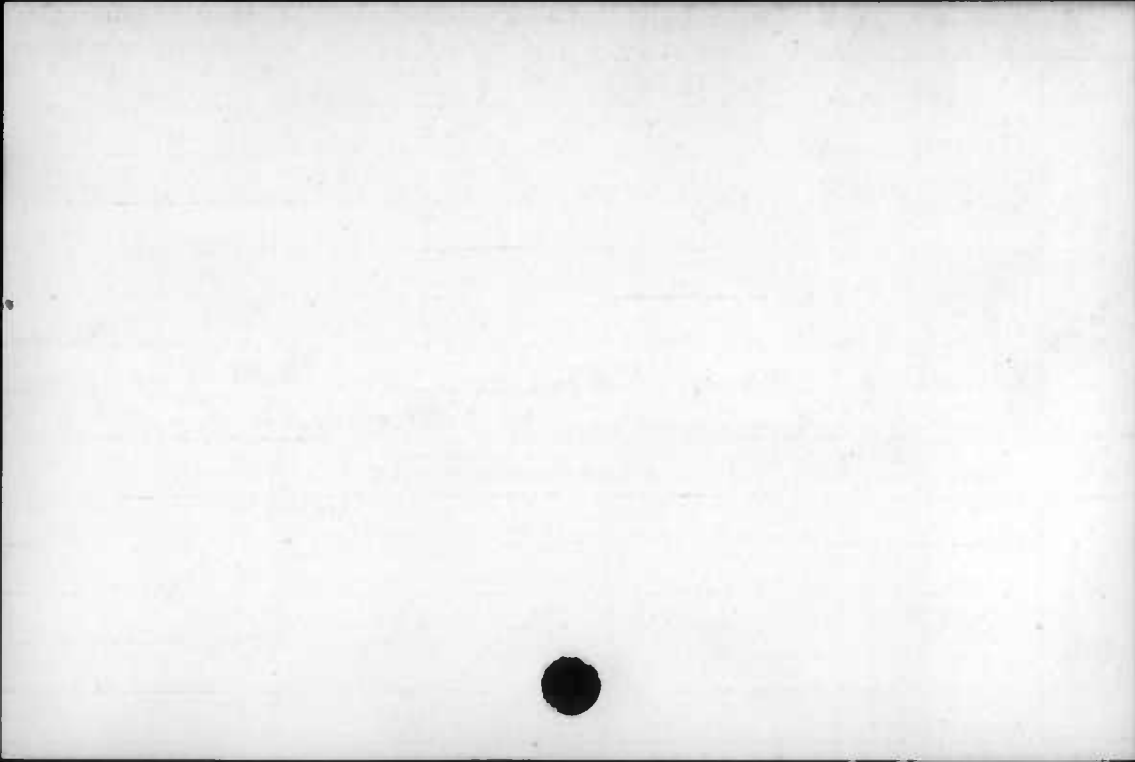
Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *P. P. Lee*

Address *606 Chester St
Annapolis Md*

Accident or Suicide? *No*



Name
in
Full

Burton. L. Evans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

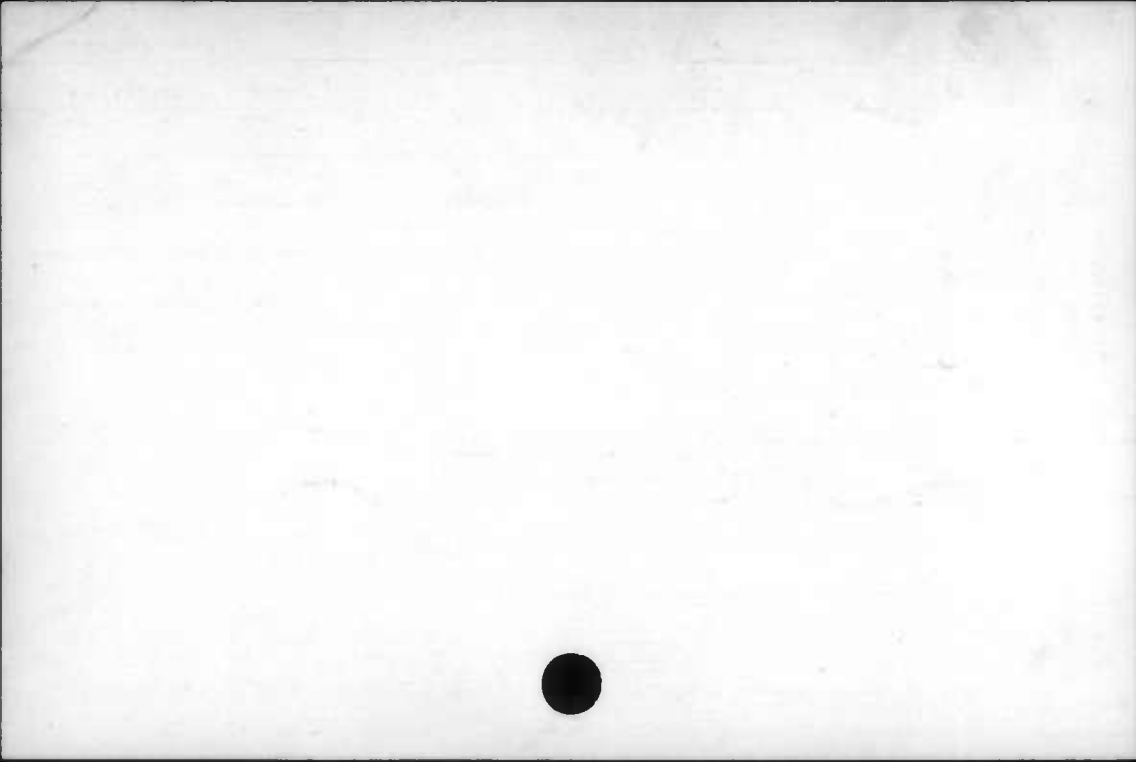
Died at ^{Town} 2 nd dist -		^{County} Anne Arundel		MARYLAND	
Date of death	1909	Month	Jan	Day	21
Age		1		Months	—
Sex	Male	Color or Race	White	Birth-place	Annapolis Md
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	James Evans	Father's Birthplace		Annapolis Md	
Mother's Maiden Name	Rebecca Cantler	Mother's Birthplace		Annapolis Md	
Name of person giving Information	Rebecca Evans	How related to deceased		Mother	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	4 days
Immediate	Cardiac Failure	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Walton H. Hopkins	
Address		Annapolis Md.	
Accident or Suicide			



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Fedronko*

Died at *Leantes Bay* Town *Leantes Bay* County *Ac* MARYLAND

Date of death *1909* Month *1* Day *16* Age *6* Years Months Days

Sex *Male* Color or Race *White* Birth-place *ma*

Occupation *none* Where Residing if not at place of death *-*

Married, Single or Widowed *Single* Name of Wife or Husband *-*

Father's Name *Michael Fedronko* Father's Birthplace *Aus -*

Mother's Maiden Name *Annie Dubinski* Mother's Birthplace *Aus*

Name of person giving information *father* How related to deceased *93*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia* How long *4 weeks*

Immediate *Convulsion* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Chas H. Brooke*

Address

Accident or Suicide?



Name
in
Full

Ellen C. Ford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>East Brooklyn</i> ^{Town}		County <i>St. L.</i>		MARYLAND	
Date of death	<i>1909 Jan 26</i>	Age	<i>63</i>	Months	<i>-</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birthplace	<i>Ireland</i>
Occupation	<i>none</i>		Where Residing if not at place of death <i>-</i>		
<input checked="" type="checkbox"/> Married, Single <input type="checkbox"/> Widowed	Name of Wife or Husband <i>Martin Ford</i>				
Father's Name	<i>Unknown</i>		Father's Birthplace	<i>Ireland</i>	
Mother's Maiden Name	<i>Unknown</i>		Mother's Birthplace	<i>Ireland</i>	
Name of person giving information	<i>Hannah Deegan</i>		How related to deceased	<i>Daughter</i>	

CAUSES OF DEATH

(120)

PHYSICIAN
OR CORONER

Primary	<i>Bright's Disease</i>	How long	<i>Unknown</i>
Immediate		How long	

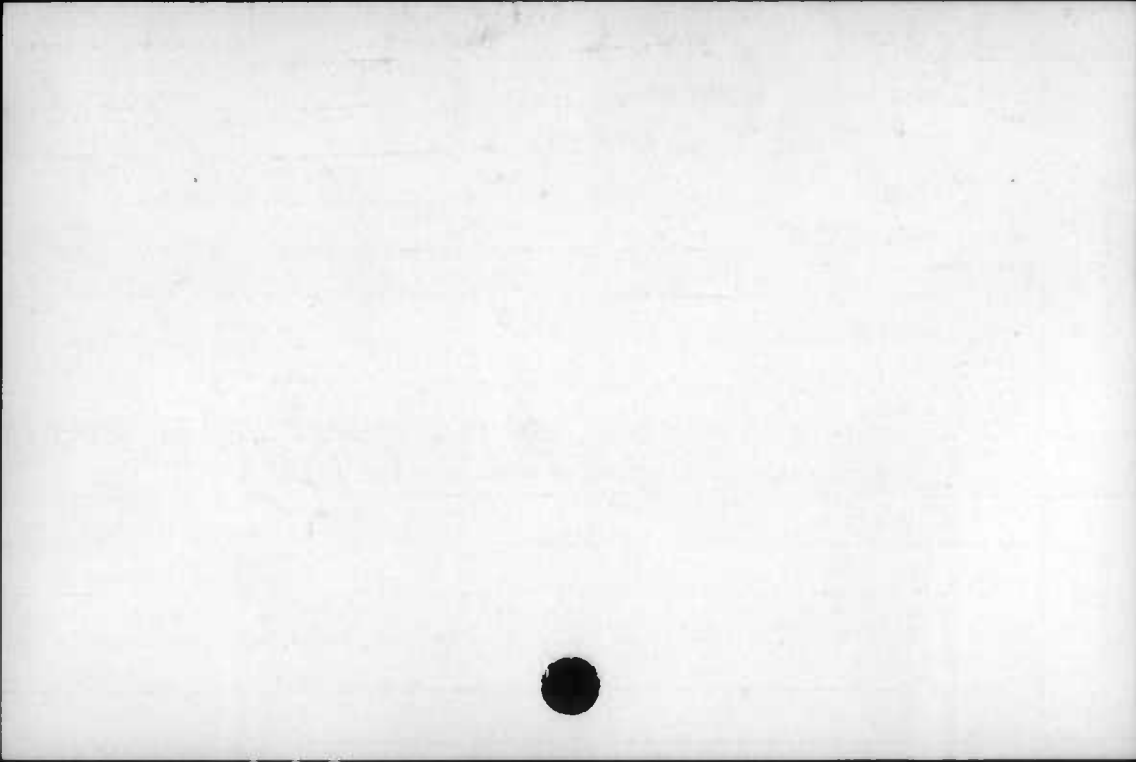
Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. B. Horton MD
Co. Balto - Md~~Accident or Suicide?~~



Name
in
Full

Richard Gallaway

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *German Town* *Ala* County *Ala*

MARYLAND

Date of death *1909* *Jan* Month *24* Day Age *58* Years Months Days

Sex *Male* Color or Race *Color* Birth-place *Ala*

Occupation *Labor* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Elvera Gallaway*

Father's Name *Lincoln* Father's Birthplace *Ala*

Mother's Maiden Name *"* Mother's Birthplace *Ala*

Name of person giving information *Elvera Gallaway* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

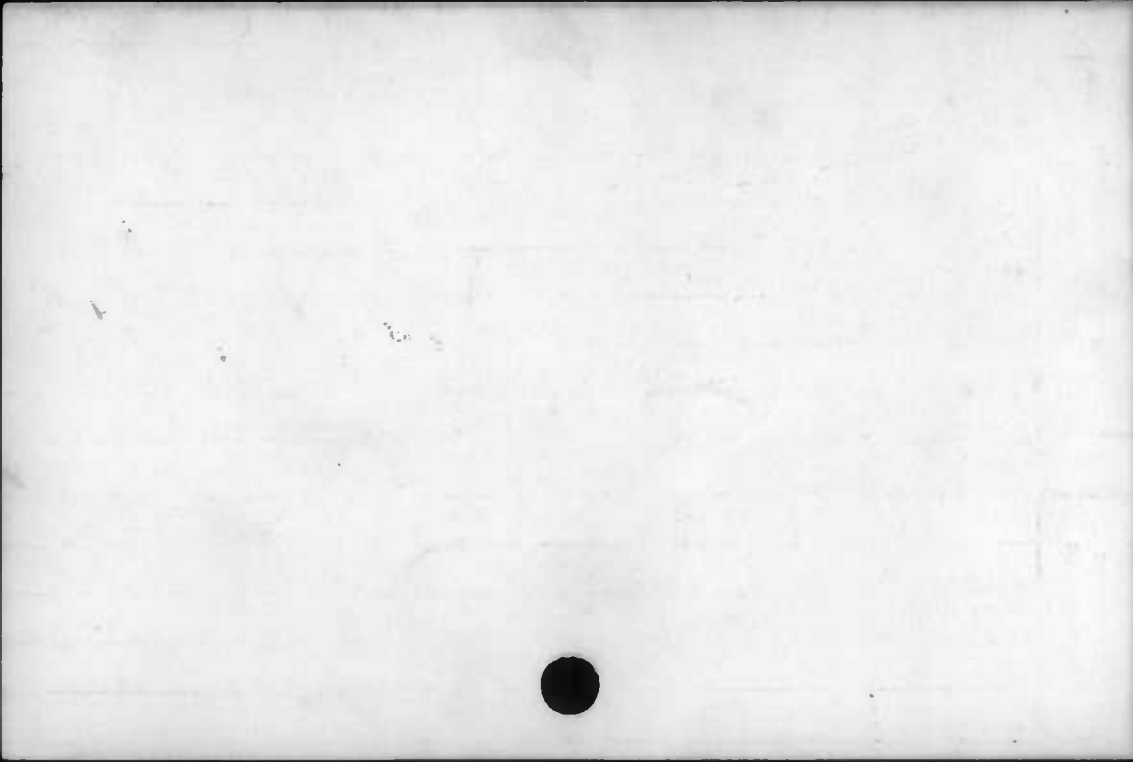
Primary *Cancer of the Stomach* *Months* *40* How long

Immediate *Exhaustion* *Gradual* How long

Are the name, age, sex, color, date and place correctly given above?
yes

Signature of Physician *John Ridout, M.D.*
Address *Ann Arbor, Mich.*

Accident or Suicide?



Name
in
Full

Cordelia Garrett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Town</i> <i>Hanover</i>		<i>County</i> <i>Anne Arundel</i>		<i>MARYLAND</i>	
Date of death	<i>1909</i>	Month	<i>Jan</i>	Day	<i>20</i>
Age	<i>17</i>	Years		Months	
Sex	<i>Female</i>	Color or Race	<i>Black</i>	Birth-place	<i>Hanover</i>
Occupation	<i>Servant</i>		Where Residing if not at place of death <i>Baltimore</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Harry Jones</i>			Father's Birthplace	<i>Accord</i>
Mother's Maiden Name	<i>Margaret Jones</i>			Mother's Birthplace	<i>Accord</i>
Name of person giving information	<i>Montgomery Burley</i>			How related to deceased	<i>None</i>

CAUSES OF DEATH

Primary

Starvation

How long

2 months

Immediate

Ashtenia

How long

2 months

Are the name, age, sex, color, date and place correctly given above?

yes

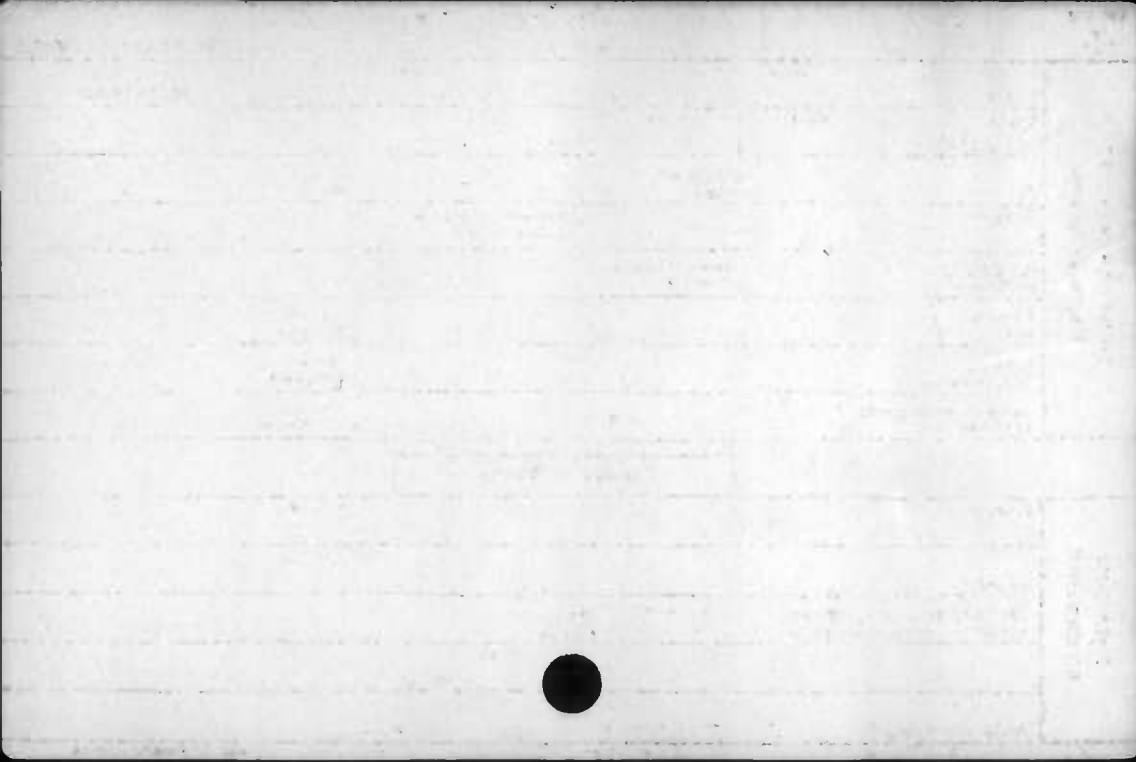
Signature of Physician

Dr. Wintersen M.D.

Address

Hanover Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James Graham*

Town *South Baltimore* County *Anne Arundel* **MARYLAND**

Died at *South Baltimore*

Date of death *1909 Jan 1* Age *53* Months *don't know* Days *don't know*

Sex *Male* Color or Race *White* Birth-place *don't know*

Occupation *Watchman* Where Residing if not at place of death *Somebody's shore*

Married, Single or Widowed *Single* Name of Wife or Husband *don't know*

Father's Name *don't know* Father's Birthplace *don't know*

Mother's Maiden Name *don't know* Mother's Birthplace *don't know*

Name of person giving information *Eddie Banner* How related to deceased *Friend*

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary *Accident* How long *don't know*

Immediate *Accident* How long *don't know*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *John Potter Cor*

Address *Brooklyn*

A A C Md

Accident or Suicide?



Name in Full		Town				County		CERTIFICATE OF DEATH	
Rachel Denton Hand		Jessup				Anne Arundel		MARYLAND	
Date of death		Month	Day	Age	Years	Months		Days	
1909		1	6	66				3	
Sex		Color or Race		Birthplace					
Male		White		Maryland					
Occupation		Where Residing if not at place of death							
Farmer									
Married, Single or Widowed		Name of Wife or Husband							
Married		Martha Hand							
Father's Name		Father's Birthplace							
Henry D. Hand		Ind.							
Mother's Maiden Name		Mother's Birthplace							
Susan Elliott		Ind.							
Name of person giving information		How related to deceased							
Chas A. Hand		Brother							
CAUSES OF DEATH									
Primary		How long							
Lobar Pneumonia		3 days							
Immediate		How long							
Heart Clot									
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician							
Yes		R. A. Hammond							
		Address							
		Jessup							
		Ind.							
Accident or Suicide?									
No									

Vachel Denton Hand

Name
in
Full

Edward Everett Harman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harman</i> Town <i>Amherst</i> County		MARYLAND	
Date of death	1909 Jan 21	Age	49
Sex	Male	Color or Race	White
Occupation	Deputy Sheriff Constable	Where Residing if not at place of death	Resident at place of death
Marry, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	Regin Hopkins Harman	Father's Birthplace	A Co Md
Mother's Maiden Name	Charlotte Griffith	Mother's Birthplace	A Co Md
Name of person giving information	Mrs Ella Sumwall	How related to deceased	Sister

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	Influenza	How long	2 weeks
Immediate	Tonsillitis and exhaustion	How long	one week
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	C. R. Winters M.D.
		Address	Hanover Md
Accident or Suicide?			

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Katherine May Hipkins

Town

County

MARYLAND

Date

of death

1909

Month

Jan

Day

27

Age

Years

19

Months

5

Days

16

Sex

female

Color or
Race

white

Birth-
place

A.A. Co Md

Occupation

house wife

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of Wife or
Husband

Chas E Hipkins

Father's
Name

Wm P. Wilson

Father's
Birthplace

A.A. Co Md

Mother's
Maiden Name

Agnes Mattison

Mother's
Birthplace

Buffalo N.Y.

Name of person giving
Information

Nellie E Fisher

How related
to deceased

sister

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

Not Known

Immediate

Cardiac Failure

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

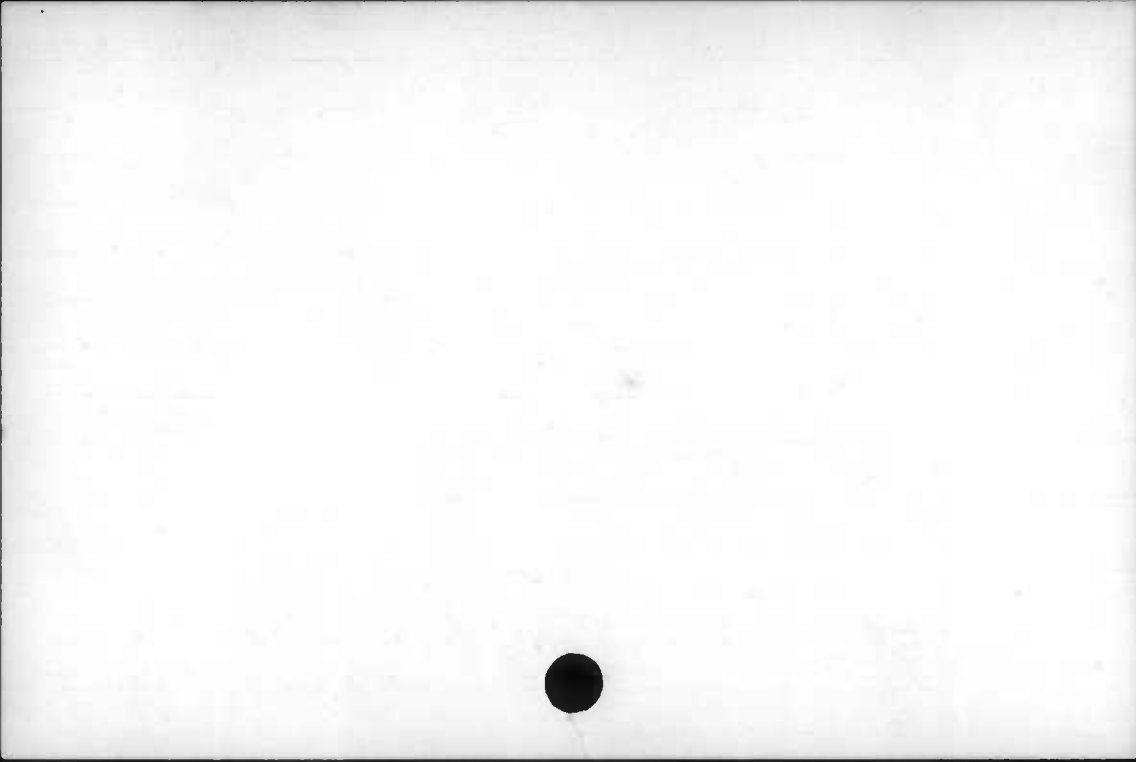
Walton H. Hopkins

Address

Annapolis Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

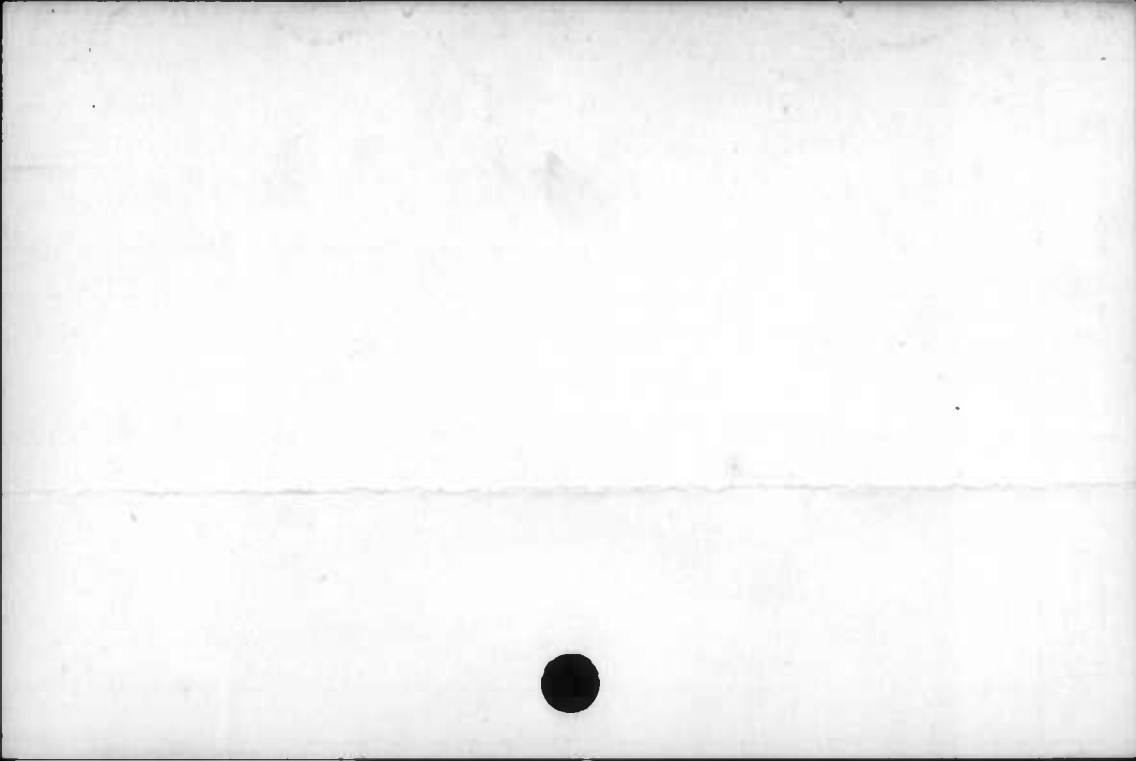
TO BE ANSWERED BY
NEAREST FRIEND

No. <i>1</i>		Name <i>Hobach</i>		Town <i>Q. A. B.</i>		County <i>Q. A. B.</i>		State <i>MARYLAND</i>	
Died at <i>Q. A. B.</i>		Date of death <i>1909 Jan.</i>		Month <i>Jan.</i>		Day <i>2</i>		Age <i>—</i>	
Sex <i>Female</i>		Color or Race <i>W.</i>		Birth-place <i>Q. A. B.</i>		Months <i>—</i>		Days <i>—</i>	
Occupation <i>House</i>				Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>					
Father's Name <i>Jacob B. Hobach</i>				Father's Birthplace <i>Pa.</i>					
Mother's Maiden Name <i>Gertrude Graham</i>				Mother's Birthplace <i>Pa.</i>					
Name of person giving information <i>J. B. Hobach</i>				How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still born.</i>		How long <i>—</i>	
Immediate <i>—</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. B. Gant</i>	
		Address <i>Millerville</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

Dead Born ^{they} not named

CERTIFICATE OF DEATH

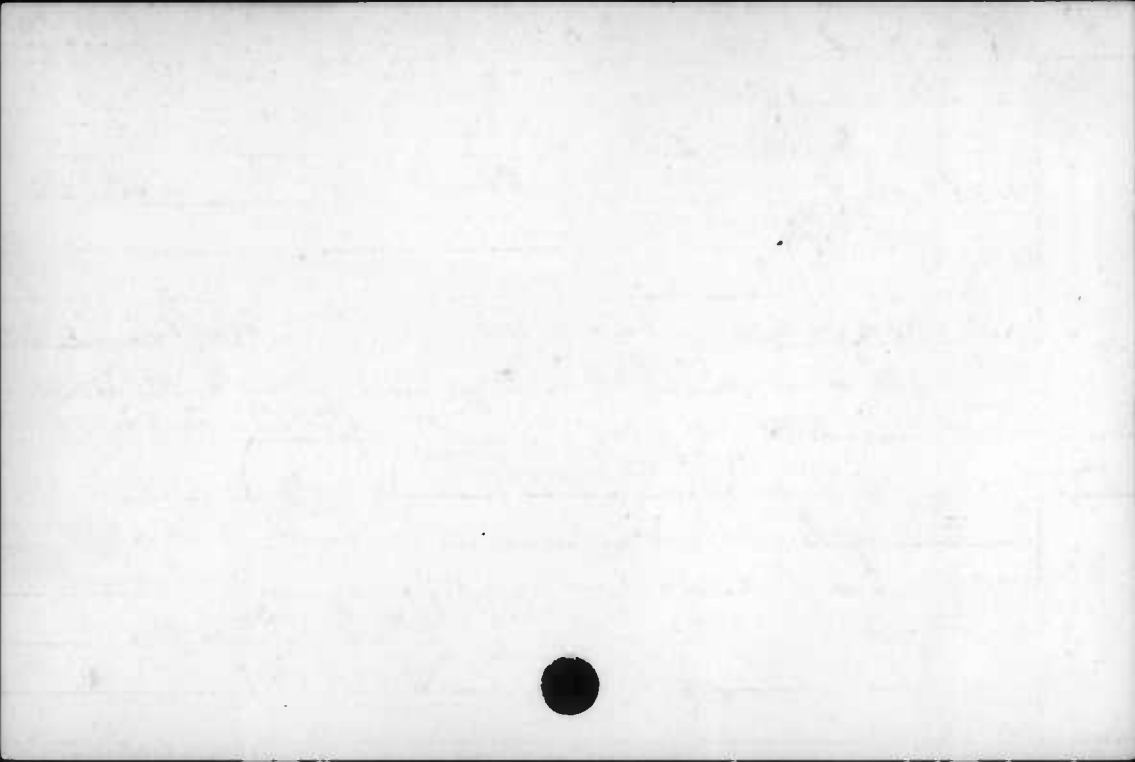
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>So. Batty</u> ^{Town}		<u>a. a.</u> ^{County}		MARYLAND	
Date of death	<u>1909</u> ^{Year}	<u>Jan</u> ^{Month}	<u>22</u> ^{Day}	Age <u>—</u> ^{Years}	Months <u>—</u> Days <u>—</u>
Sex	<u>Female</u>	Color or Race	<u>white</u>	Birth-place	<u>So. Batty Md</u>
Occupation	<u>—</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>—</u>		Name of Wife or Husband <u>—</u>		
Father's Name	<u>Mike Holy</u>			Father's Birthplace	<u>Bohemia</u>
Mother's Maiden Name	<u>Mary Nocu</u>			Mother's Birthplace	<u>Bohemia</u>
Name of person giving information	<u>Mike Holy</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Dead Born</u>	How long	<u>8</u>
Immediate	<u>—</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>Thos. B. Horton Md</u>	
		Address	
		<u>So. Batty Md</u>	
Accident or Suicide? <u>—</u>			



Name
in
Full

Russell W Horton

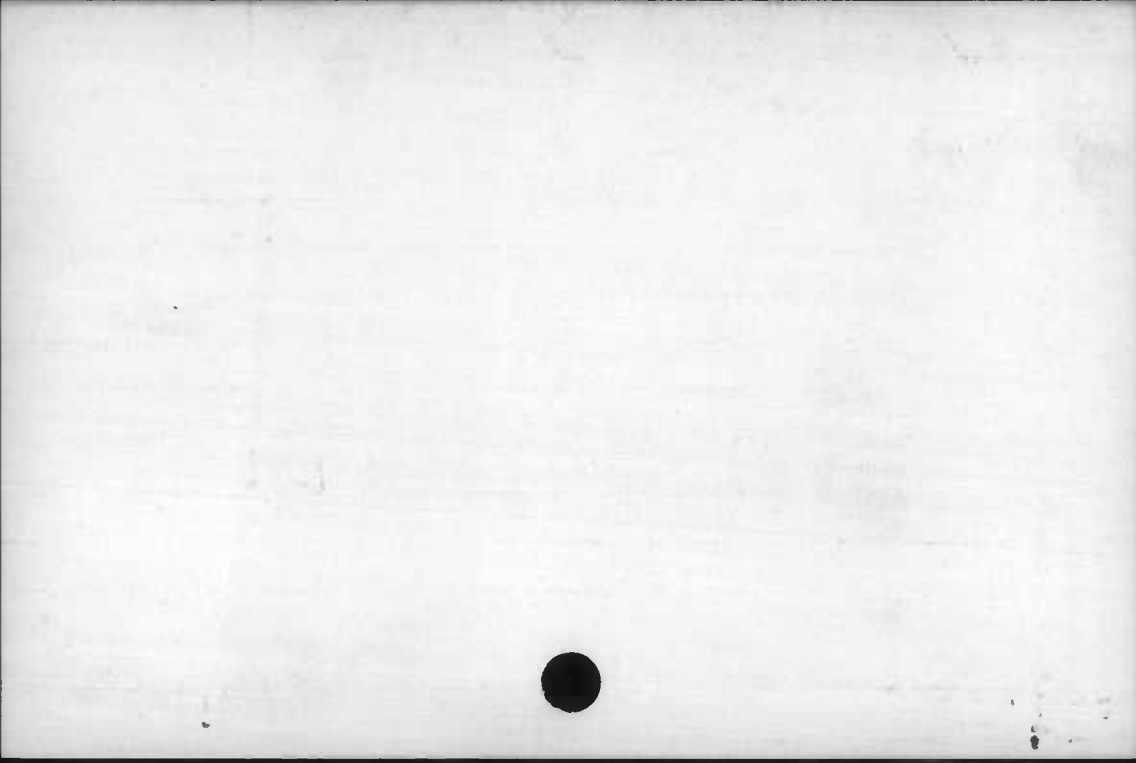
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

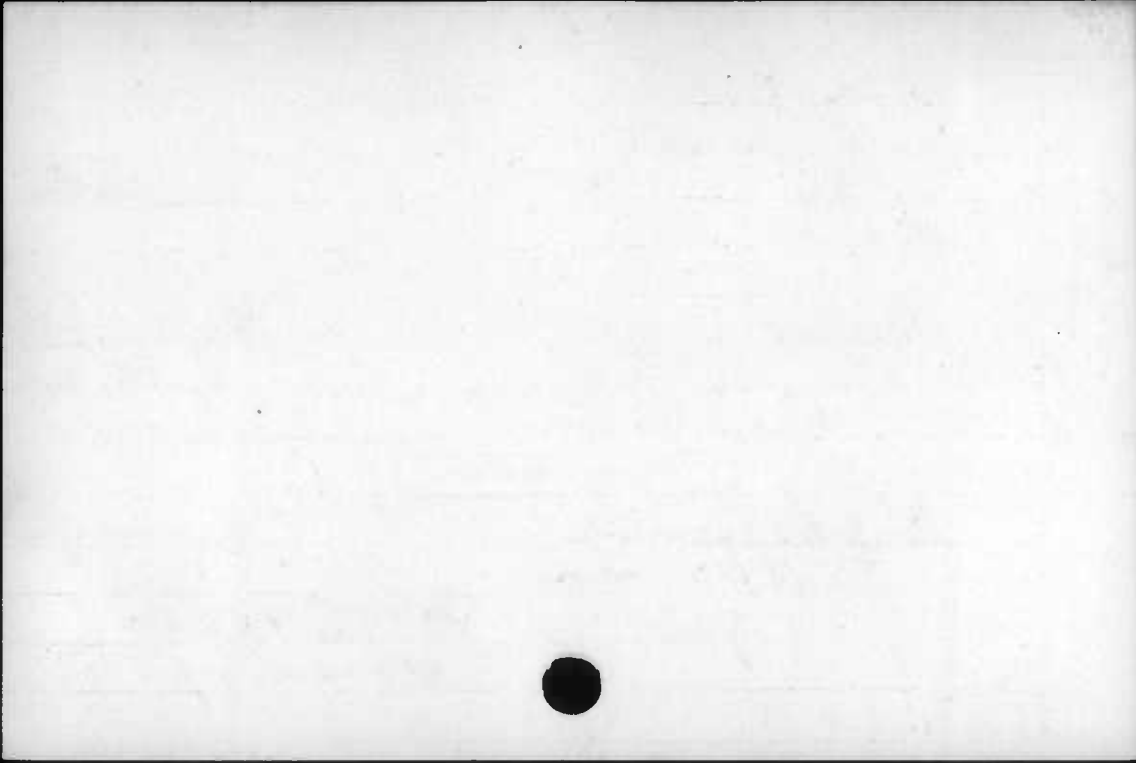
Died at <u>Brown</u>		County <u>—</u>		MARYLAND	
Date of death	190 <u>9</u>	Month <u>1</u>	Day <u>6</u>	Age <u>—</u>	Years <u>—</u>
Sex <u>Male</u>		Color or Race <u>white</u>		Birth-place <u>Ma</u>	
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Morgan Horton</u>		Father's Birthplace <u>Ma</u>			
Mother's Maiden Name <u>Theresa Stockhausen</u>		Mother's Birthplace <u>Ma</u>			
Name of person giving information <u>Morgan Horton</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Pneumonia</u>	How long <u>2 days</u>	
	Immediate <u>Heart Failure</u>	How long <u>1 hr</u>	
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Chas. H. Brooke</u>	
		Address <u>Brown</u>	
Accident or Suicide? <u>—</u>			



Name in Full		Augustus Jacobs				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County		MARYLAND			
				Annapolis	Anne Arundel					
		Date of death		Month	Day	Age	Months	Days		
		1909		Jan'y	22	7	1	2		
		Sex		Color or Race		Birth-place				
		male		Colored		Annapolis				
Occupation		Where Residing if not at place of death								
none										
Married, Single or Widowed		Name of Wife or Husband								
Father's Name		George Jacobs				Father's Birthplace		Washington D.C.		
Mother's Maiden Name		Laura Bailey				Mother's Birthplace		A. A. Md		
Name of person giving information		George Jacobs				How related to deceased		Father		
		CAUSES OF DEATH				(9)				
PHYSICIAN OR CORONER		Primary		Diphtheria		How long		3 days		
		Immediate		Exhaustion		How long		1 day		
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Wm S Welch		
						Address		Annapolis		
		Accident or Suicide?		—						



Name
in
Full

Mary Elizabeth Jacobs.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

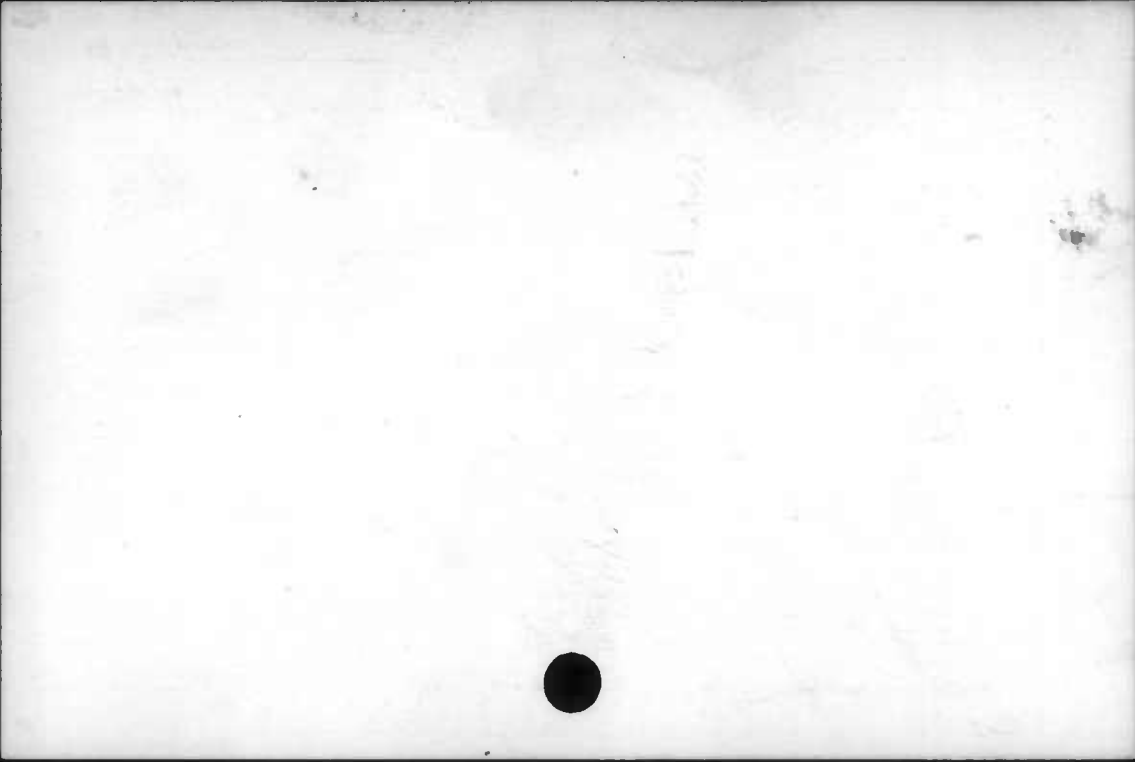
Died at <i>Annapolis</i>		Town		<i>A.A.Co.</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>Jan.</i>		Day <i>16</i>		Age <i>3</i>		Years <i>8</i>	
Sex <i>female</i>		Color or Race <i>Colored</i>		Birth-place <i>Germantown</i>		nd			
Occupation				Where Residing if not at place of death <i>193 West st.</i>					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name <i>George Jacobs.</i>				Father's Birthplace <i>Washington D.C.</i>					
Mother's Maiden Name <i>Laura Bailey</i>				Mother's Birthplace <i>A.A.Co. Md</i>					
Name of person giving Information <i>George Jacobs</i>				How related to deceased <i>Father</i>					

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary	<i>Diphtheria</i>	How long	<i>3 days</i>
Immediate	<i>Apnoea</i>	How long	<i>1</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm S Welch</i>	
		Address <i>Annapolis</i>	
Accident or Suicide			

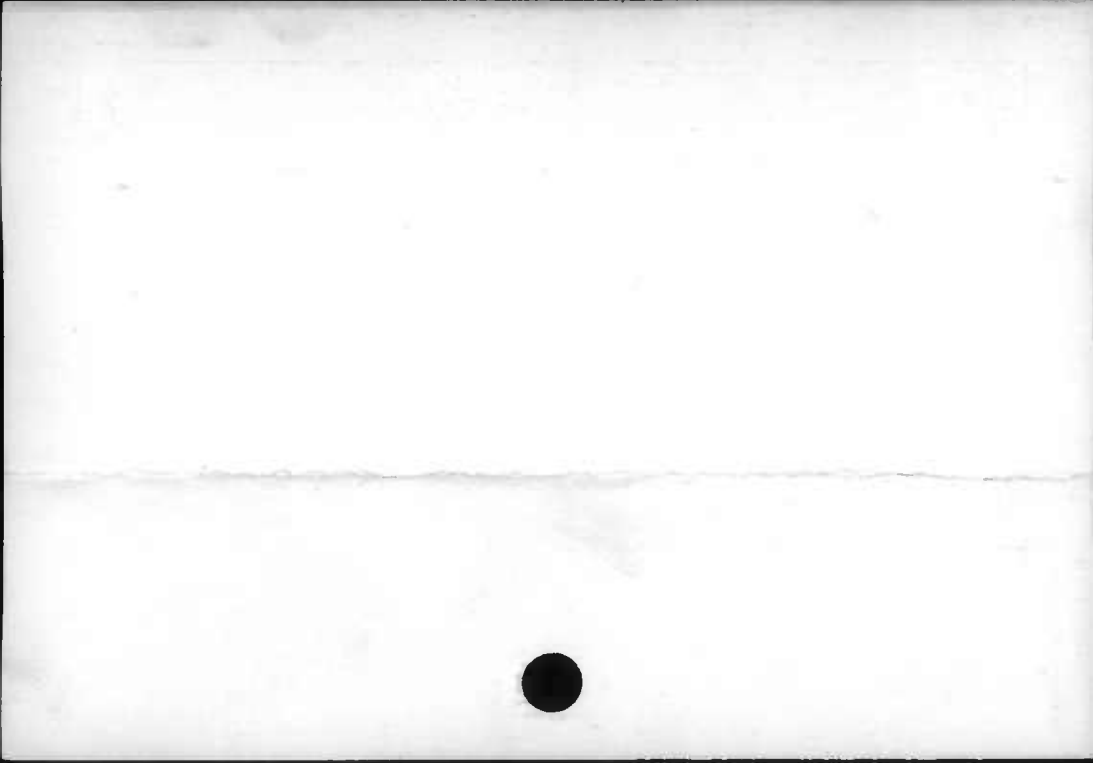


Name in Full		Ann Maria Jennings		CERTIFICATE OF DEATH	
Died at		Town	Waterbury	County	aa
Date of death		1909	1	29	Age 80 (3)
Sex		Female	Color or Race	Mulatto	Birthplace
Occupation		House Servant	Where Residing if not at place of death		
Merriad, Single or Widowed		Name of Wife or Husband		Steven Jacobs (2nd) Wm Jennings	
Father's Name		Isaac Harrod		Father's Birthplace	
Mother's Maiden Name		Eliza Green		Mother's Birthplace	
Name of person giving Information		Nathan Jacobs		How related to deceased	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="display: flex; justify-content: space-between;"> <div> <p>Primary</p> <p>Probable cause old age</p> <p>Natural Causes</p> <p>Immediate</p> </div> <div> <p>How long</p> <p>2</p> <p>How long</p> <p>2</p> </div> </div>					
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	
Accident or Suicide		as coroner		Address	
				Millsboro Ind.	

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

154



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Bronisława Ejorska

Died at *East Brooklyn* *Ann* County *MARYLAND*

Date of death *1909* Month *Jan* Day *6* Age *61* Years Months *lost known* Days

Sex *Female* Color or Race *White* Birth-place *Astoria*

Occupation *House work* Where Residing if not at place of death *124 Third Ave East*

Married, Single or Widowed *Married* Name of Wife or Husband *Walenty Ejorski*

Father's Name *don know* Father's Birthplace *don know*

Mother's Maiden Name *" "* Mother's Birthplace *" "*

Name of person giving information *Walenty Ejorski* How related to deceased *Husband*

CAUSES OF DEATH

97

PHYSICIAN
OR CORONER

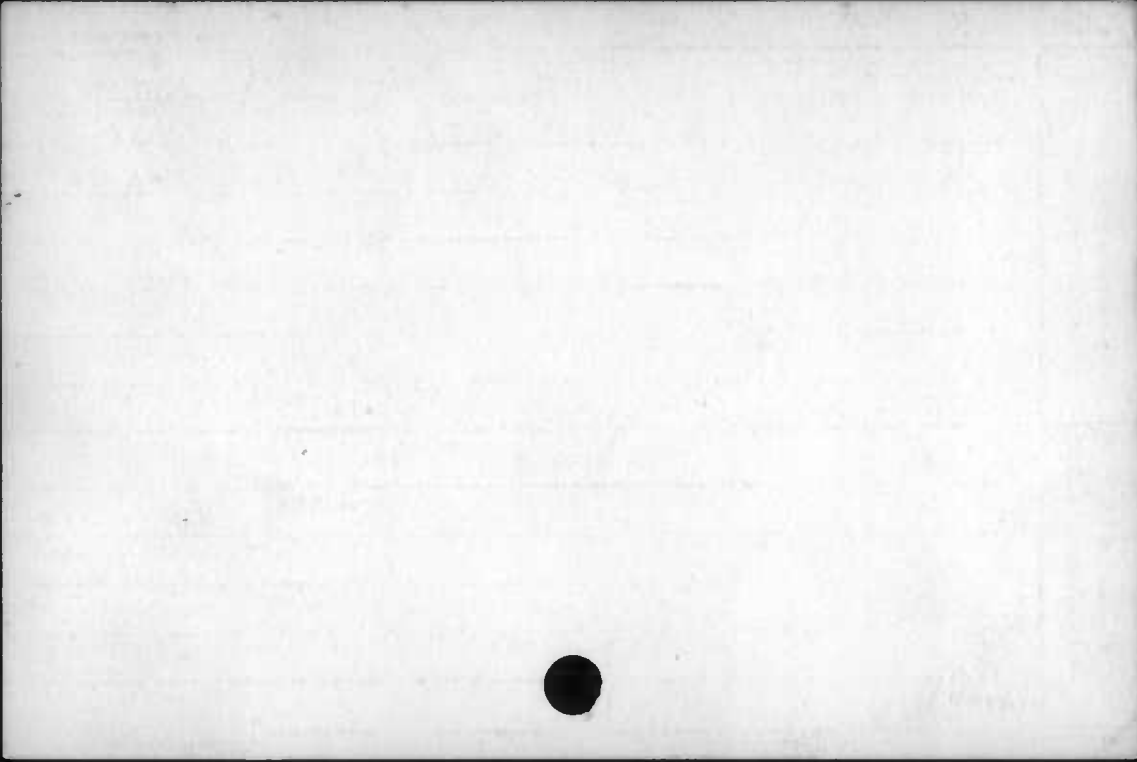
Primary *Asthma* How long

Immediate *Heart Failure* How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *John O. Potes Cor*

Address *Brooklyn*

Accident or Suicide? *A. A. Co Md*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

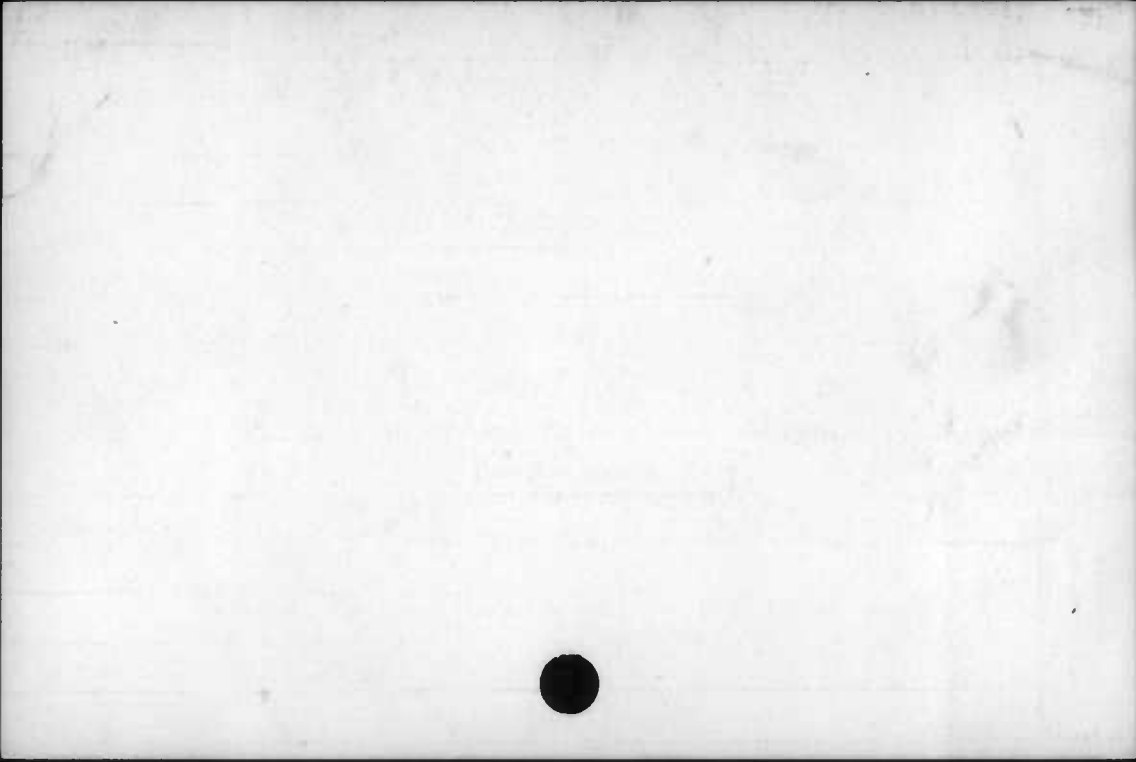
Died at <i>3rd District</i>		Town <i>St. Louis</i>		County <i>St. Louis</i>			
Date of death <i>1909</i>		Month <i>July</i>		Day <i>4</i>		Age <i>19</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>A. A. Co. Mo.</i>			
Occupation <i>Farm Laborer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Marshall Johnson</i>		Father's Birthplace <i>A. A. Co. Mo.</i>					
Mother's Maiden Name <i>Glorious Chambers</i>		Mother's Birthplace <i>A. A. Co. Mo.</i>					
Name of person giving information <i>H. A. Young</i>		How related to deceased <i>Employer</i>					

CAUSES OF DEATH

101

PHYSICIAN
OR CORONER

Primary <i>Pericarditis - Pharyngitis - Tonsillitis</i>		How long <i>12 days</i>	
Immediate <i>Come</i>		How long <i>24 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. B. Ridout</i>	
		Address <i>St. Louis Mo.</i>	
Accident or Suicide?		<i>A. A. Co. Mo.</i>	



Name
in
Full

Walter Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		July	22	5	dy		
Sex	Male		Color or Race	Colored		Birth-place	106 Calvert St. Annapolis, Md.
Occupation				Where Residing if not at place of death			
Married-Single		Name of Wife or Husband					
Father's Name		Walter Johnson		Father's Birthplace			
Mother's Maiden Name		Maggie Johnson		Mother's Birthplace			
Name of person giving information		Walter Johnson		How related to deceased			
				Father			

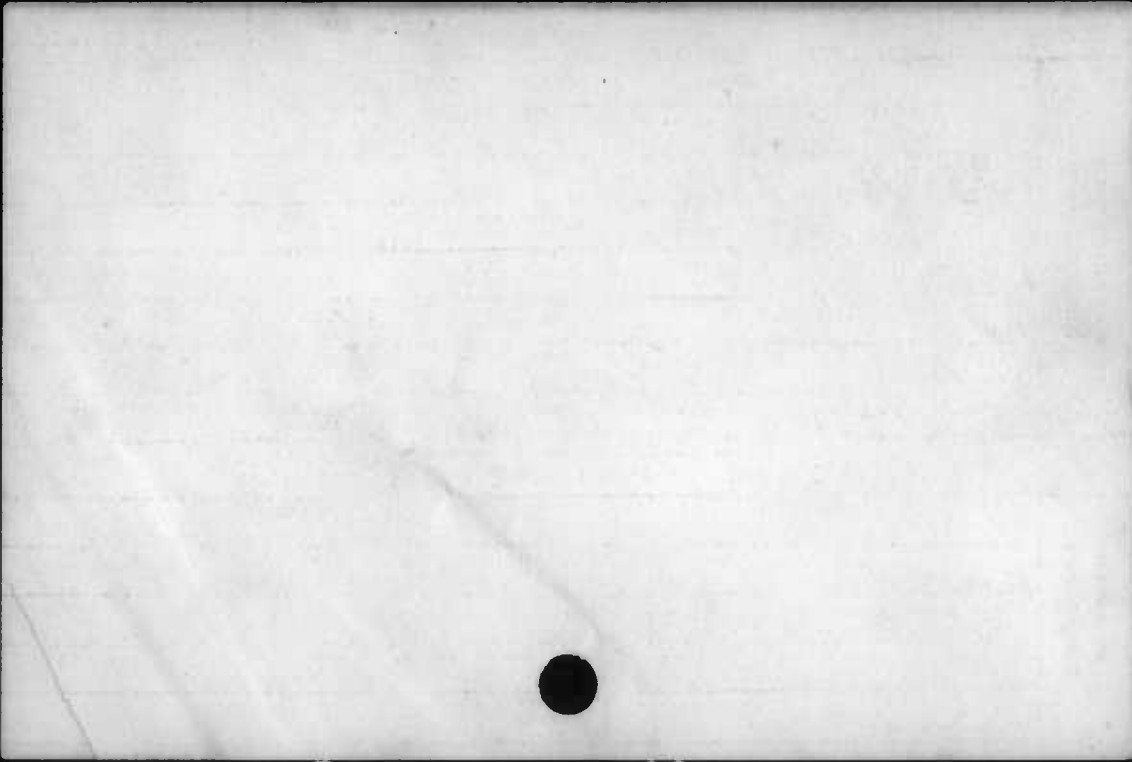
Congenital malformation.

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary	Rectal Malformation	How long	Congenital
Immediate	Auto-intoxication	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Ambrose Garcia M.D.	
Address		126 Clay St Annapolis Md	
Accident or Suicide?			



Name
in
Full

George Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

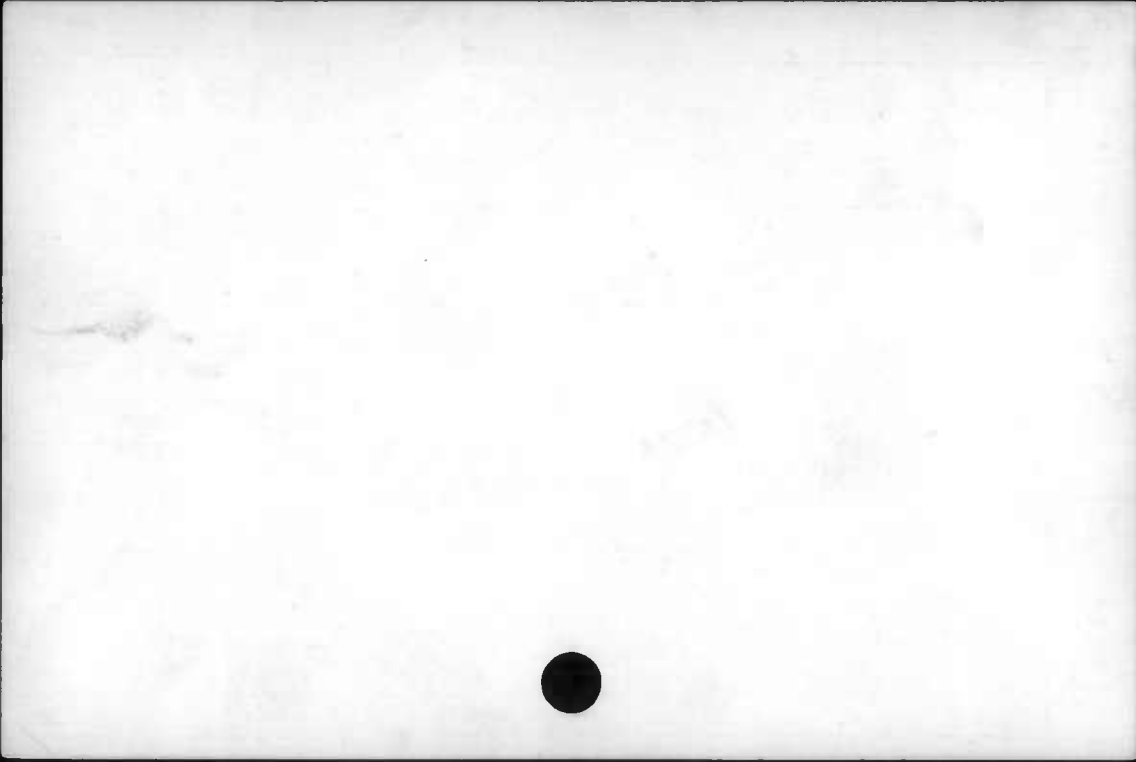
Died at <u>Bristol</u> ^{Town}		<u>A. A. Co.</u> ^{County}		MARYLAND	
Date of death <u>1909 Jan'y</u> ^{Month}		<u>3</u> ^{Day}	Age <u>68</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>unknown</u>			
Occupation <u>Gardener</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>widowed</u>	Name of Wife or Husband <u>Sarah Jones</u>				
Father's Name <u>unknown</u>	Father's Birthplace <u>unknown</u>				
Mother's Maiden Name <u>unknown</u>	Mother's Birthplace <u>unknown</u>				
Name of person giving Information <u>Chas Brown</u>	How related to deceased <u>not at all</u>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <u>Tubercular disease of throat</u>	How long <u>3 yrs</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr. Giffen</u>
<u>as far as I know</u>	Address <u>Upper Marlboro.</u>
Accident or Suicide	



Name
in
Full

Richard Louis Kelley

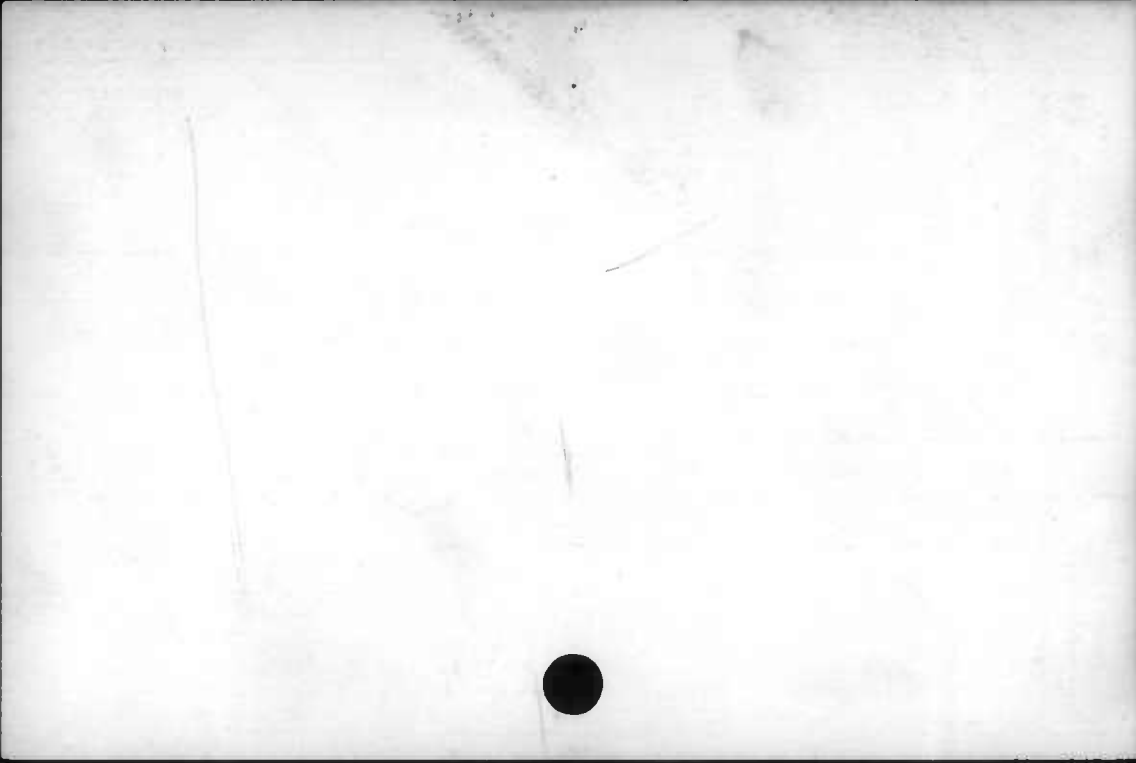
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied *near Hammers* Town *Anne Arundell Co* County **MARYLAND**Date of death 190 *9* Month *Jan* Day *19* Age *62* Years Months *11* DaysSex *male* Color or Race *white* Birth-place *Maryland*Occupation *Farmer* Where Residing if not at place of death *resided at place of death*Married, Single or Widowed *single* Name of Wife or HusbandFather's Name *Hezron H. Kelley* Father's Birthplace *Maryland*Mother's Maiden Name *Margaret P. Benson* Mother's Birthplace *Maryland*Name of person giving Information *Mrs Addie Hawkins* How related to deceased *sister*

CAUSES OF DEATH

81

PHYSICIAN
OR CORONERPrimary *Arterio-sclerosis* How long *2 years*Immediate *same* How long *same*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Arthur Williams*Address *Elk Ridge Ind*Accident or Suicide *no*



Name
in
Full

Infanta of Clara Lane

CERTIFICATE OF DEATH

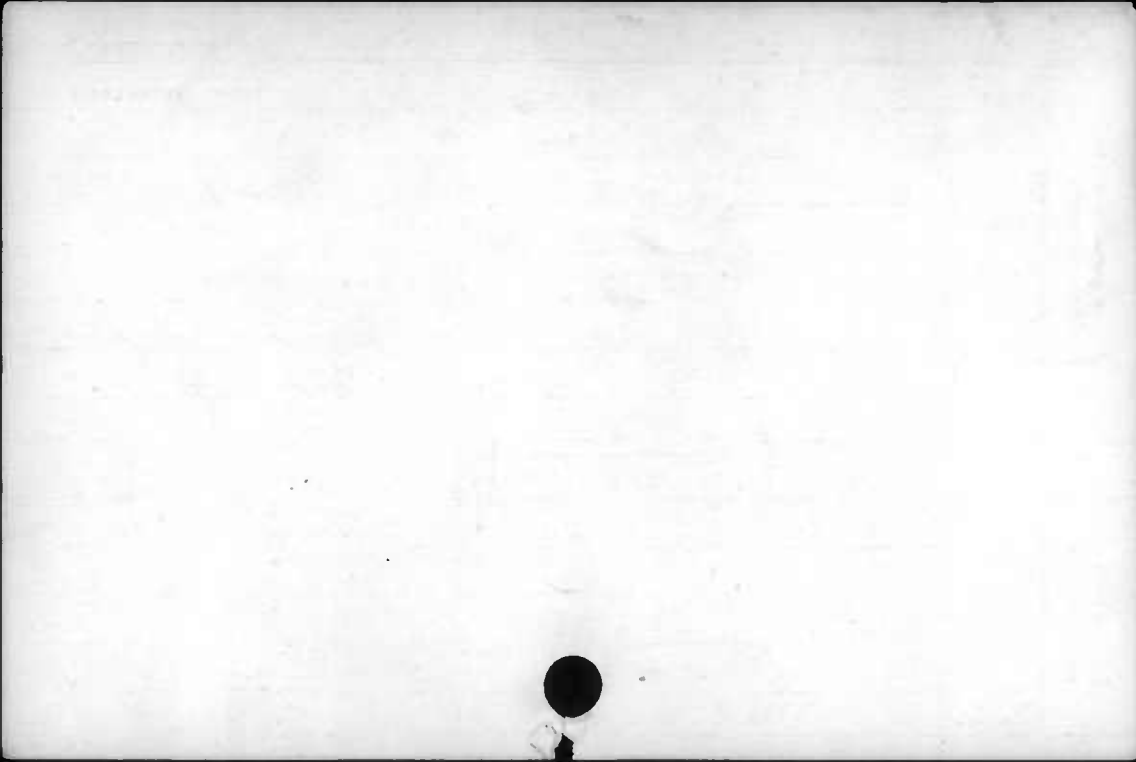
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Camp Parole</i>		Town <i>Parole</i>		County <i>Ad</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>Jan</i>		Day <i>10th</i>		Age	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Camp Parole</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Ad. Co.</i>					
Mother's Maiden Name <i>Clara Lane</i>		Mother's Birthplace <i>Ad. Co.</i>					
Name of person giving Information <i>Mother</i>		How related to deceased					

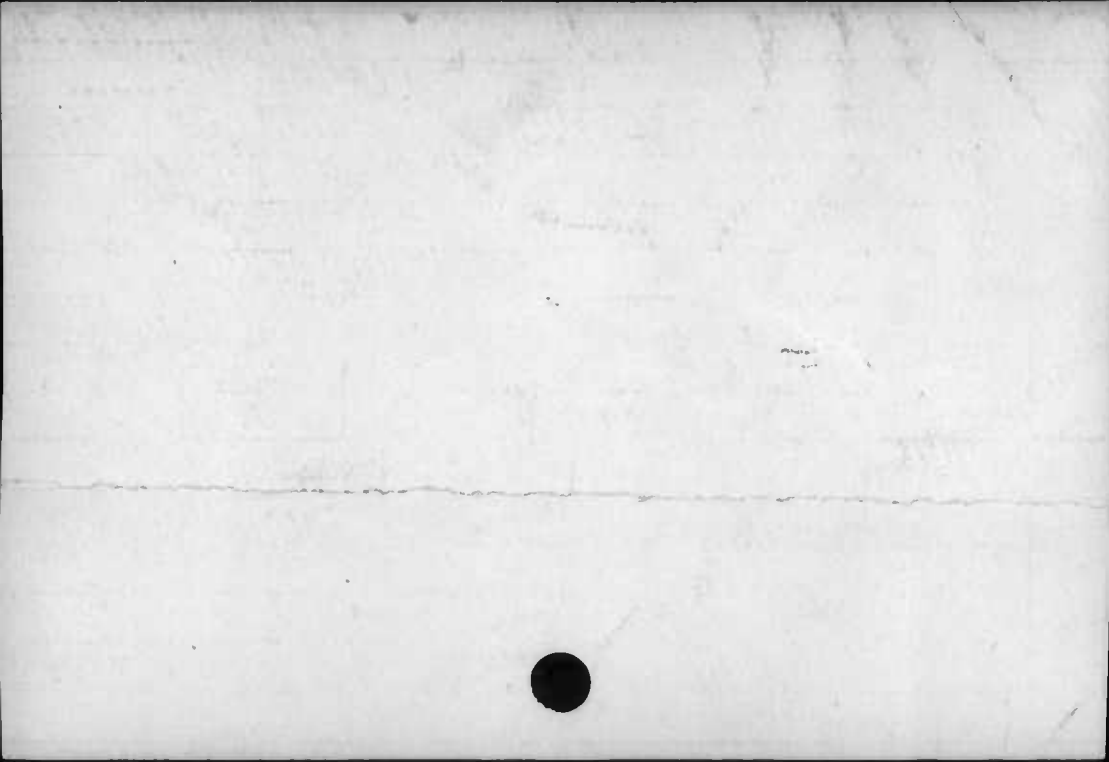
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still-born</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Richardson</i>	
<i>yes</i>		Address <i>Annapolis Md.</i>	
Accident or Suicide			



Name in Full		CERTIFICATE OF DEATH			
Juliet Sarah Leakin		TOWN			
Died at Millersville		County Anne Arundel			
Date of death 1909		Month January		Day 18	
Age 78		Years 78		Months 5	
Sex Female		Color or Race white		Birthplace A. A. Co.	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Widow		Phil Moore Leakin			
Father's Name		Father's Birthplace			
Henry Williams Woodward		A. A. Co.			
Mother's Maiden Name		Mother's Birthplace			
Sarah Gambrell					
Name of person giving information		How related to deceased			
Alice Leakin Welch		Daughter			
CAUSES OF DEATH					
Primary		How long			
Bronchitis		10 days			
Immediate		How long			
Pneumonia		6 days			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		H. B. Gantt			
		Address			
		Millersville Md			
Accident or Suicide?					



Name
in
Full

Golda Florine Makell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

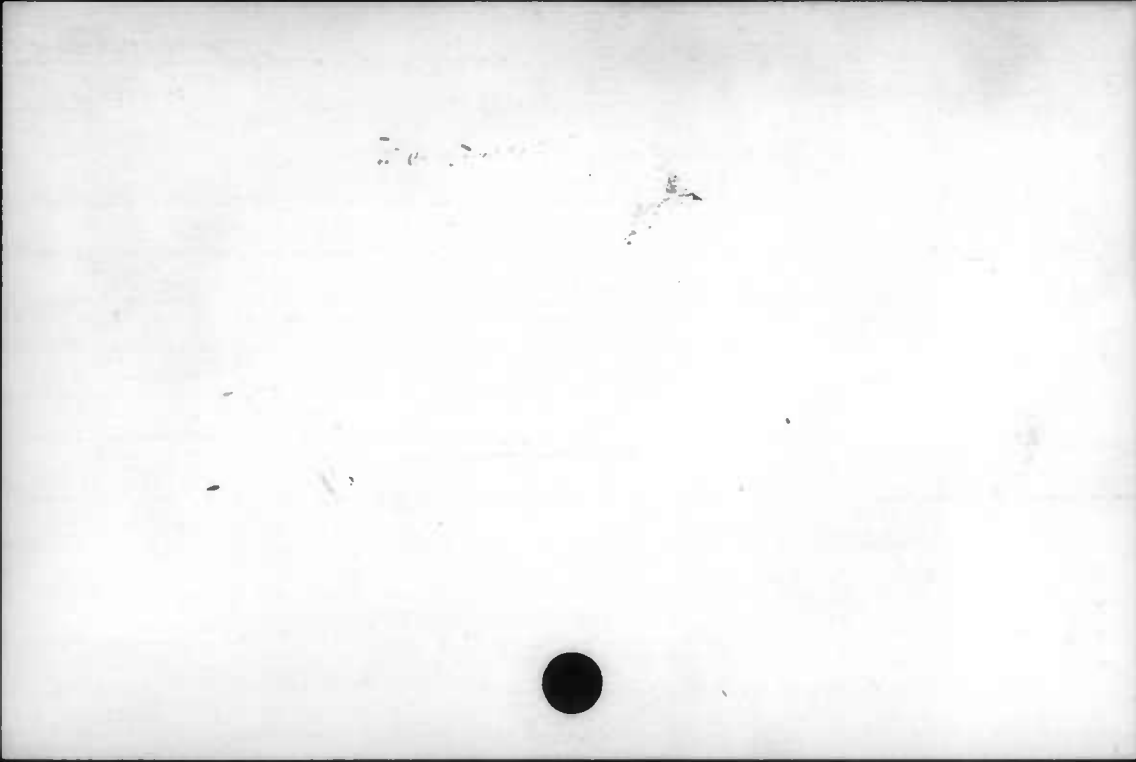
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		1	18	2	5	16	
Sex		Color or Race		Birth-place			
Female		Colored		Lhedy Side			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Joseph Makell				Calvert City			
Mother's Maiden Name				Mother's Birthplace			
Rosa Smith				Calvert City			
Name of person giving Information				How related to deceased			
Joseph Makell				Sister			

CAUSES OF DEATH

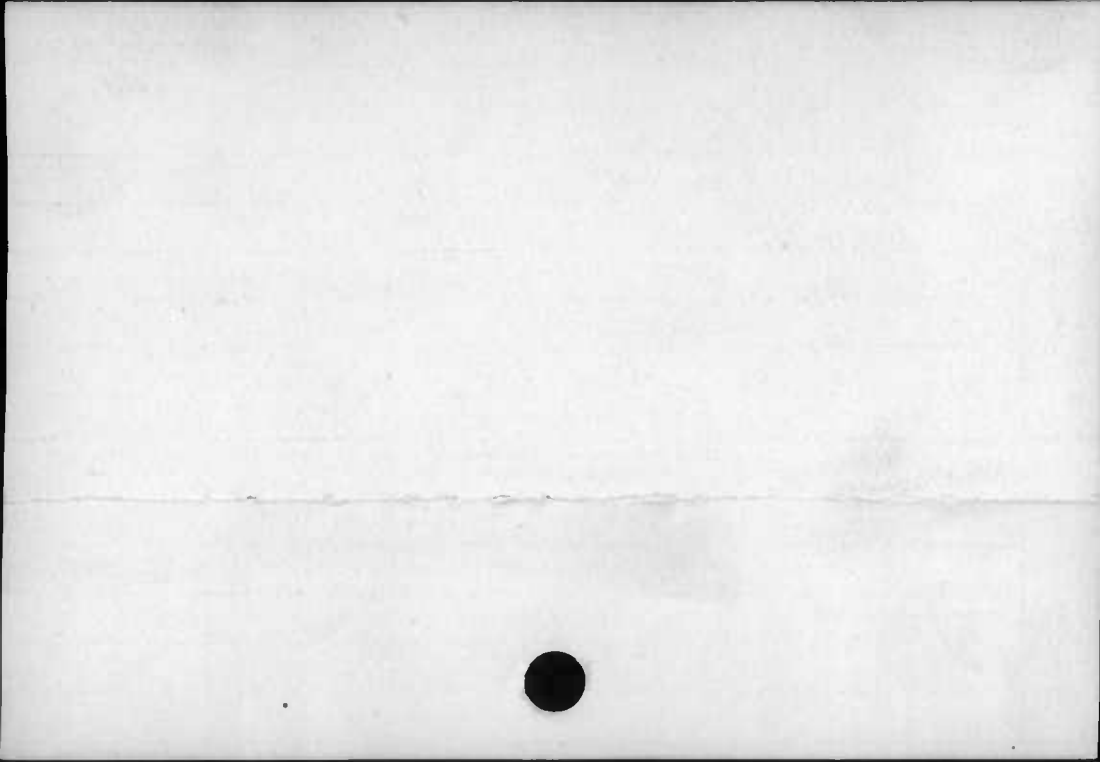
6

PHYSICIAN
OR CORONER

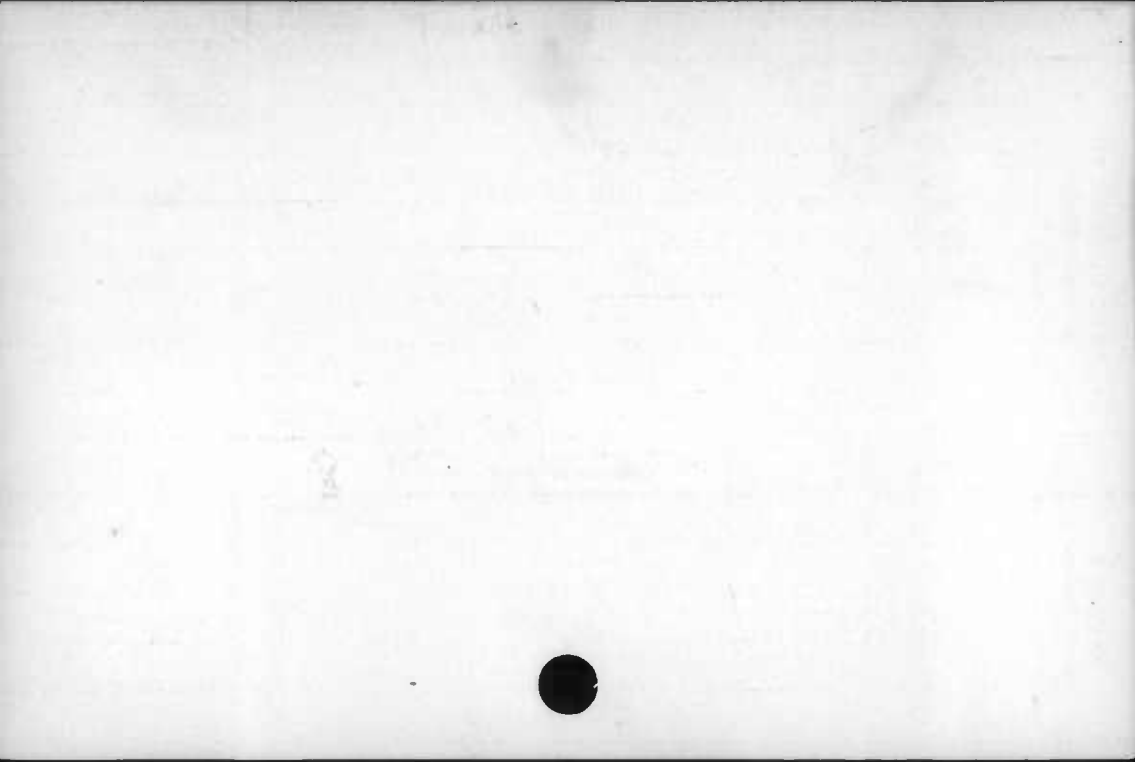
Primary	Pneumonia - Measles -	How long	Seven days
Immediate	Heart Failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		D. B. N. Wilson	
		Address	
		Chesapeake -	
Accident or Suicida		Morsebrook	



Name in Full		Charles Manoly				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Date of death		Month		Days	
		Sex		Color or Race		Birthplace	
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband			
		Date of death		Month		Days	
		Sex		Color or Race		Birthplace	
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband			
		Father's Name		Father's Birthplace			
		Mother's Maiden Name		Mother's Birthplace			
		Name of person giving information		How related to deceased			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		How long			
		Immediate		How long			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
				Address			
		Accident or Suicide?					



Name in Full		Beatrice Matthews				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Shady Side		A		MARYLAND	
	Date of death	1909	Jan	13	Age	4	Months 11 Days 23
	Sex	Female		Color or Race	Colored		Birth-place
	Occupation	None		Where Residing if not at place of death		Ind	
	Married; Single or Widow	Single		Name of Wife or Husband		—	
	Father's Name	John H. Matthews				Father's Birthplace	Ind
	Mother's Maiden Name	Julia Carter				Mother's Birthplace	Ind
	Name of parson giving information	John H. Matthews				How related to deceased	Father
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Measles				How long	11 days
	Immediate	Capillary Bronchitis				How long	1 day
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
					Churcklon		
Accident or Suicide? —							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

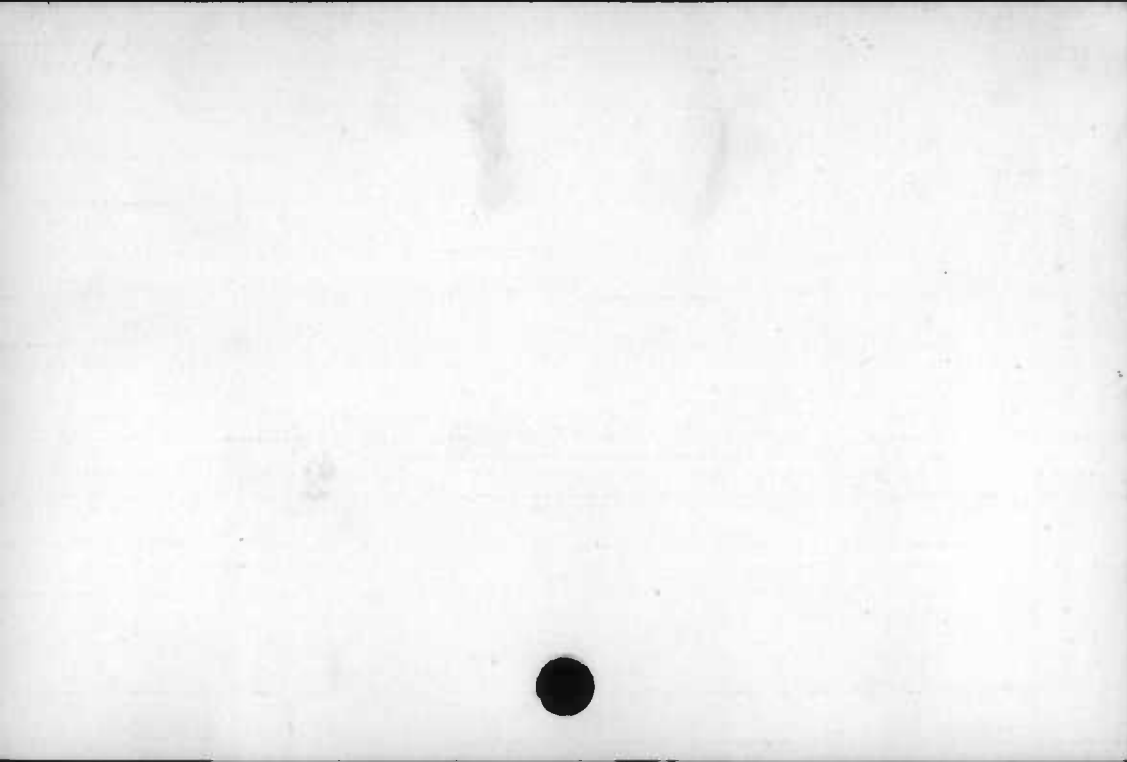
Name in Full <i>John Virgil Matthews</i>		Town <i>Shady Side</i>		County <i>A. A.</i>		MARYLAND	
Died at <i>Shady Side</i>		Date of death <i>1909 Jan 2</i>		Age <i>8</i>		Months <i>8</i>	
Sex <i>male</i>		Color or Race <i>Coloured</i>		Birthplace <i>Shady Side Md.</i>		Days <i>8</i>	
Occupation <i>none</i>				Where Residing if not at place of death <i>—</i>			
Married, Single <i>Widowed</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>John H. Matthews</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Julia Carter</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>John H. Matthews</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

6

PHYSICIAN
OR CORONER

Primary <i>Measles</i>	How long <i>1 week</i>
Immediate <i>Broncho Pneumonia</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. T. Dentt.</i>
	Address <i>Churchton, Md.</i>
Accident or Suicide? <i>—</i>	

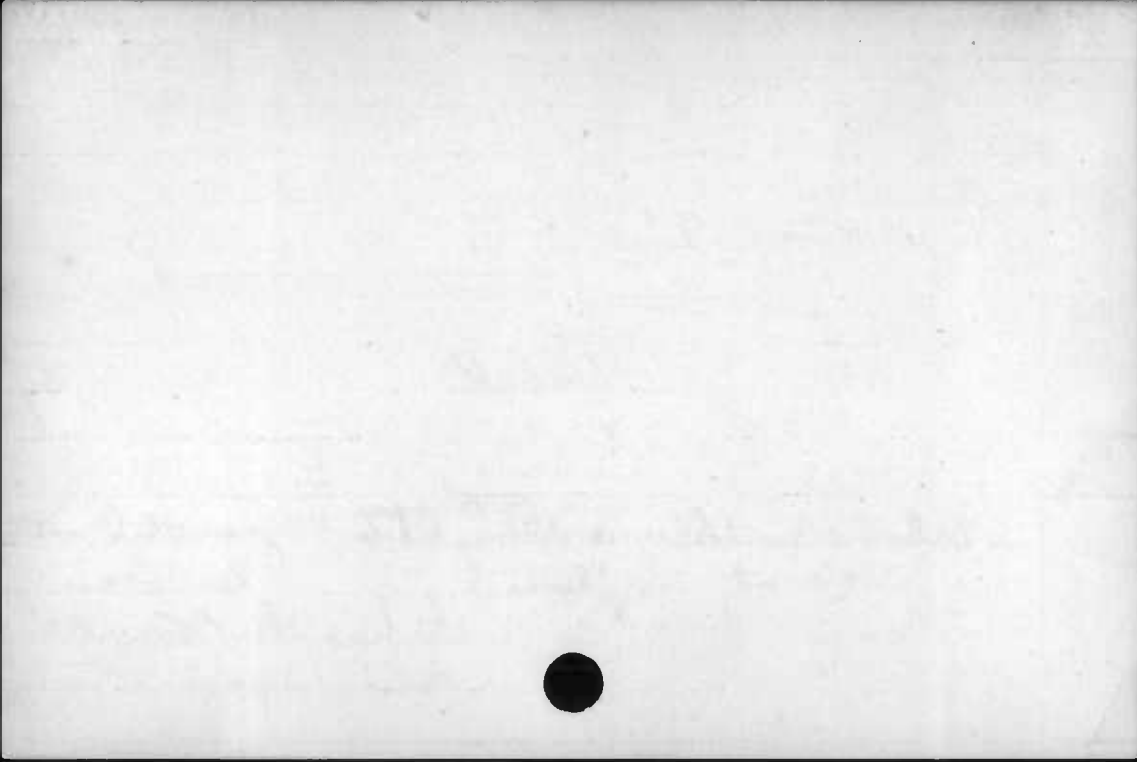


Name In Full Winfield E. Murray		Town Edenton		County Anne Arundel		CERTIFICATE OF DEATH	
Died at Edenton		State MARYLAND					
Date of death 1909		Month January		Day 17		Age 56	
Sex Male		Color or Race White		Birthplace Lancet		Months 2	
Occupation Carpenter		Where Residing if not at place of death —					
Married, Single or Widowed Married		Name of Wife or Husband Louisa Virginia Murray					
Father's Name James M. Murray		Father's Birthplace Unknown					
Mother's Maiden Name Margaret A. Murray		Mother's Birthplace "					
Name of person giving information Benis Murray		How related to deceased Son					
CAUSES OF DEATH							
Primary Pulmonary Tuberculosis		How long 6 years					
Immediate Pulmonary Embolism		How long 20 min					
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Dr. J. H. Munroe					
		Address Jessup					
Accident or Suicide? No							

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

27



Name
in
Full

Maggie Elizabeth Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

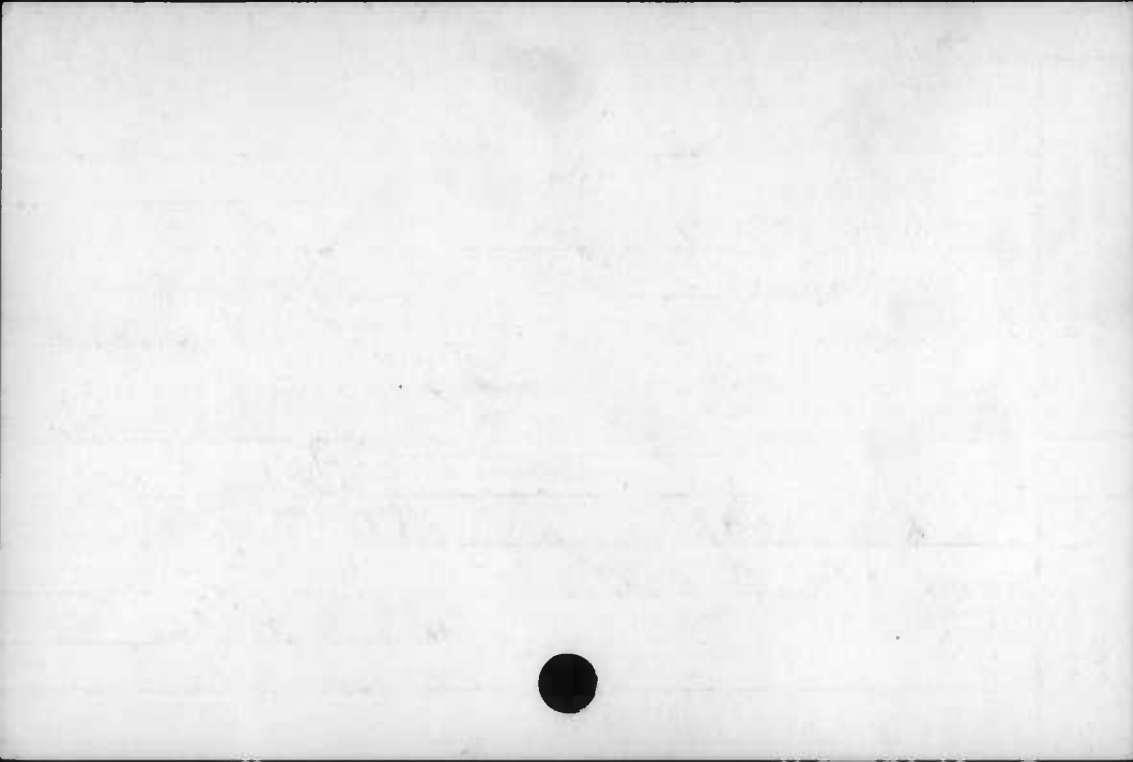
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Jan	22	13		2	1
Sex		Color or Race		Birth-place			
Female		White		Annapolis Md.			
Occupation		Where Residing if not at place of death					
School Girl		Germantown					
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Henry B Myers		Annapolis Md					
Mother's Marden Name		Mother's Birthplace					
Elizabeth Henkel		Jersey City, N.J.					
Name of person giving information		How related to deceased					
Walter H Myers		Brother					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Valvular Heart Disease and Dropsy	How long	only year three (3) months
Immediate	Heart failure	How long	Sudden
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Chas B. Senneker	
		Address	
		Annapolis, Maryland	
Accident or Suicide?		Neither	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

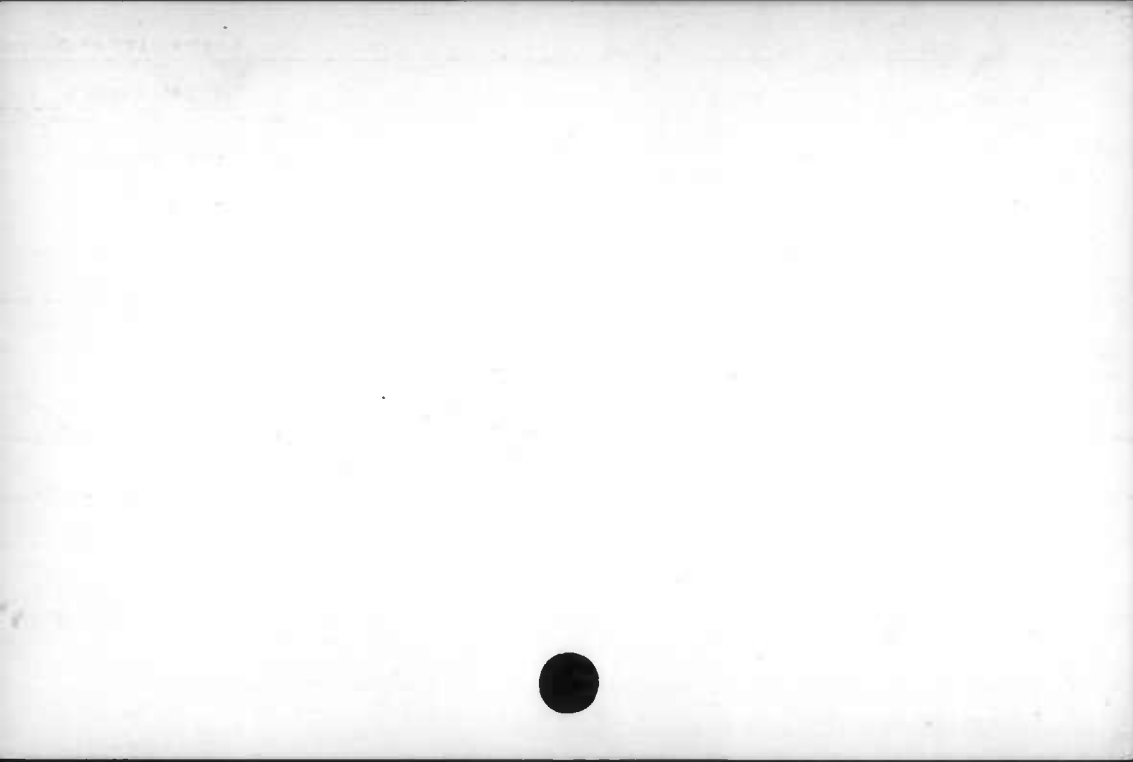
Died at <i>Annapolis Md + A 4</i>		Town		County		MARYLAND	
Date of death	1909	Month	Jan	Day	9	Years	78
Sex	Male	Color or Race	white	Birth-place	England	Months	10
Occupation	Musician	Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	Mrs. <i>Josephine E. Hayden</i>				
Father's Name	Unknown		Father's Birthplace	England			
Mother's Maiden Name	Unknown		Mother's Birthplace	"			
Name of person giving Information	Chas. <i>Thompson</i>		How related to deceased	Son in Law			

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Infirmities of Age</i>	How long	<i>1 year</i>
Immediate	<i>Heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<i>J. S. Welch</i>	
		Address	
		<i>Annapolis</i>	
Accident or Suicide			
No			



Name
in
Full

Blanch Novena Offer

CERTIFICATE OF DEATH

Died at Shady Side Town A. A. County MARYLAND

Date of death 1909 Jan. 22 Age — Months 0 Days

Sex Female Color or Race Colored Birthplace Ind

Occupation None Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Harvey Offer Father's Birthplace Ind

Mother's Maiden Name Gazelle Dixon Mother's Birthplace Ind

Name of person giving information Lizzie Moulden How related to deceased Grandmother

CAUSES OF DEATH

121

Primary Hematuria How long 1 week

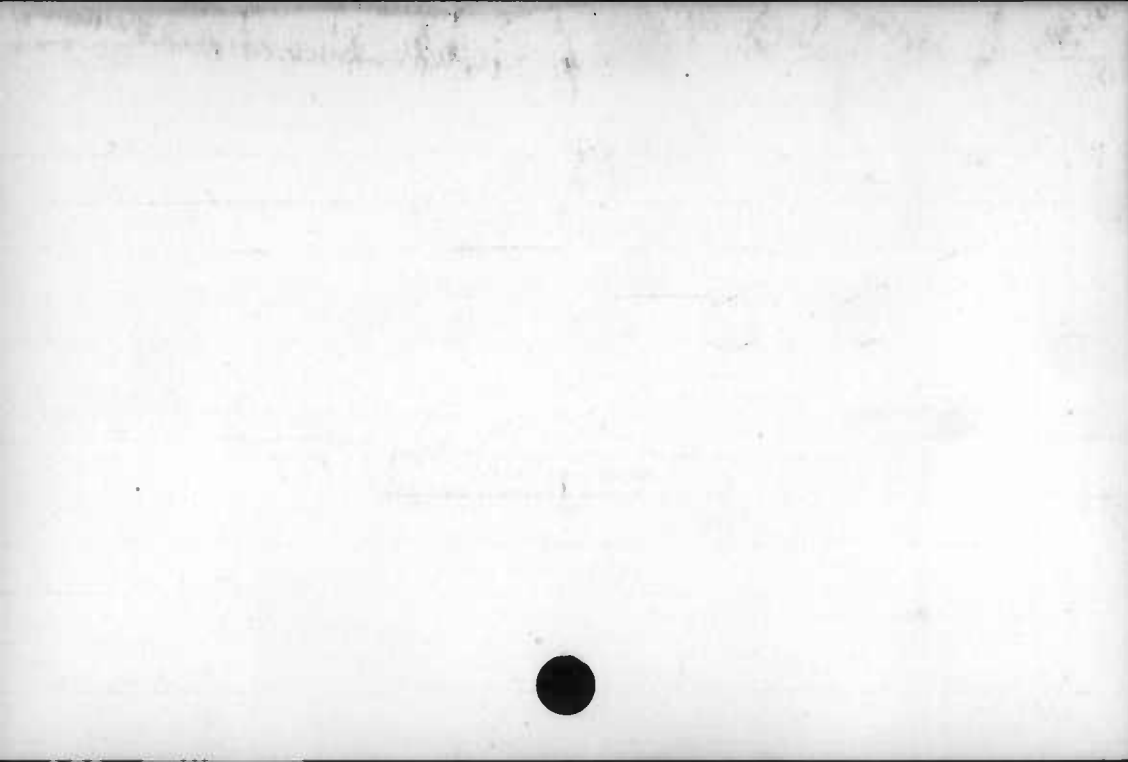
Immediate Exhaustion How long 2 days

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Geo. T. Sent

Address Churilton

Accident or Suicide? —

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Southern Porter Town *Lake Shore* County *Anne Arundel* MARYLAND

Died at *Lake Shore* Date of death *1909 Jan. 24* Age *44* Month *3* Day *9*

Sex *Male* Color or Race *White* Birth-place *New York*

Occupation *Retired Salesman* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Lrace Shirley*

Father's Name *Nathan J. Porter* Father's Birthplace *Conn.*

Mother's Maiden Name *Mary Comstock* Mother's Birthplace *New York*

Name of person giving Information *Helena Porter* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

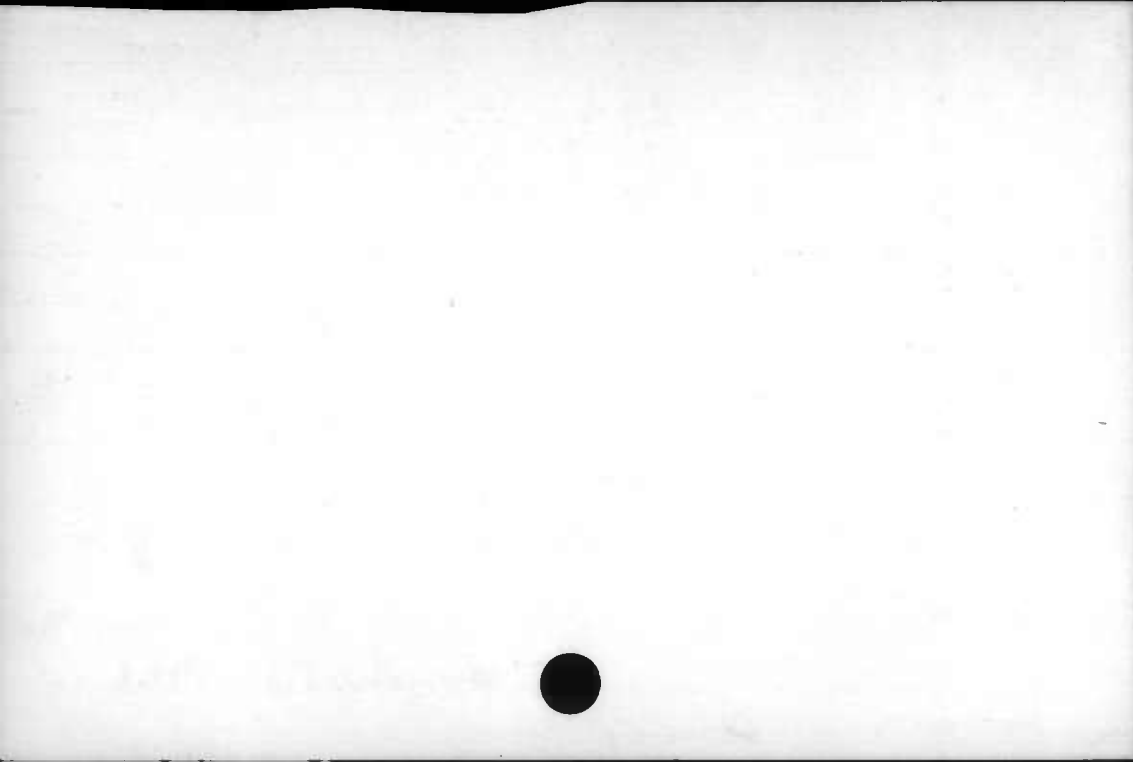
Primary *Chronic Alcoholism* How long *about 6 years*

Immediate *Mania - a Potu* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *James S. Bellinger* Address *Armignu Md.*

Accident or Suicide *No.*



Name
in
Full

William Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

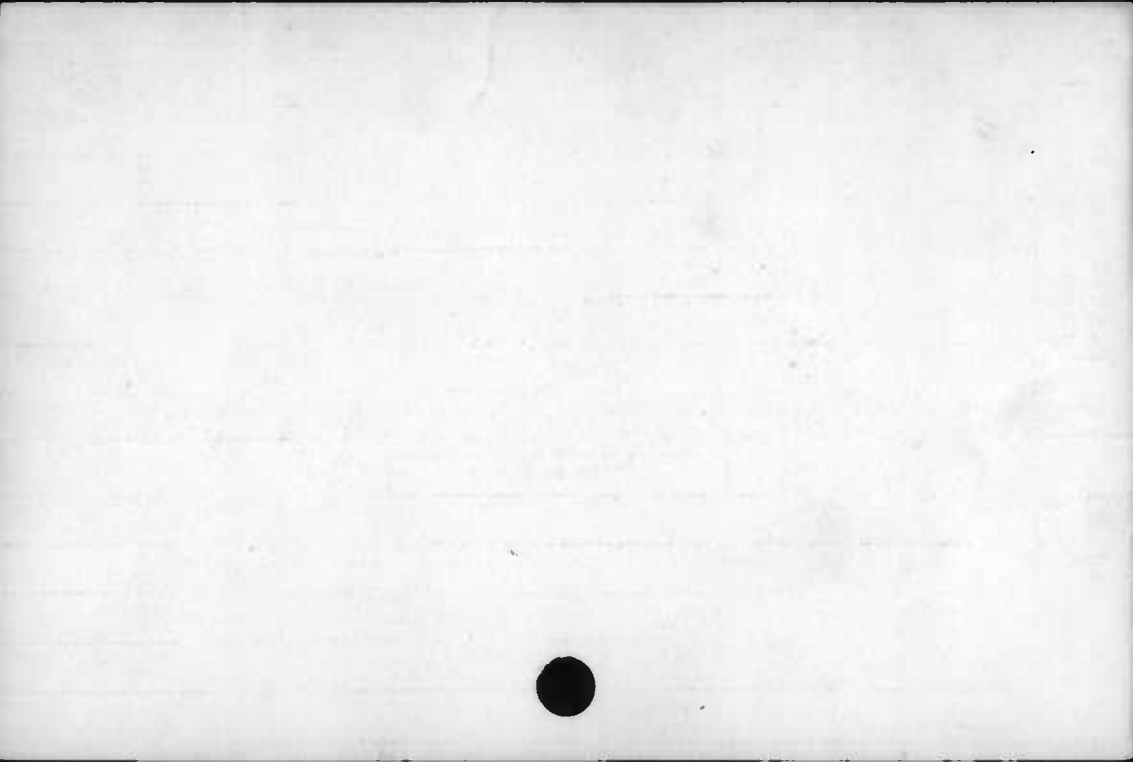
Died at		Town		County		State	
Jennings		Howard		Anne Arundel		Maryland	
Date of death	1909	Month	Jan	Day	31	Age	22
Sex	male	Color or Race	black	Birth-place	Baltimore		
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Single				—			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
J. H. Barclay				Nephew			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	3 mo
Immediate	"	How long	1 mo
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. H. Barclay	
		Address	
		Laurel Md	
Accident or Suicide?			
no			



Name
in
Full

Edna M. Simmes

CERTIFICATE OF DEATH

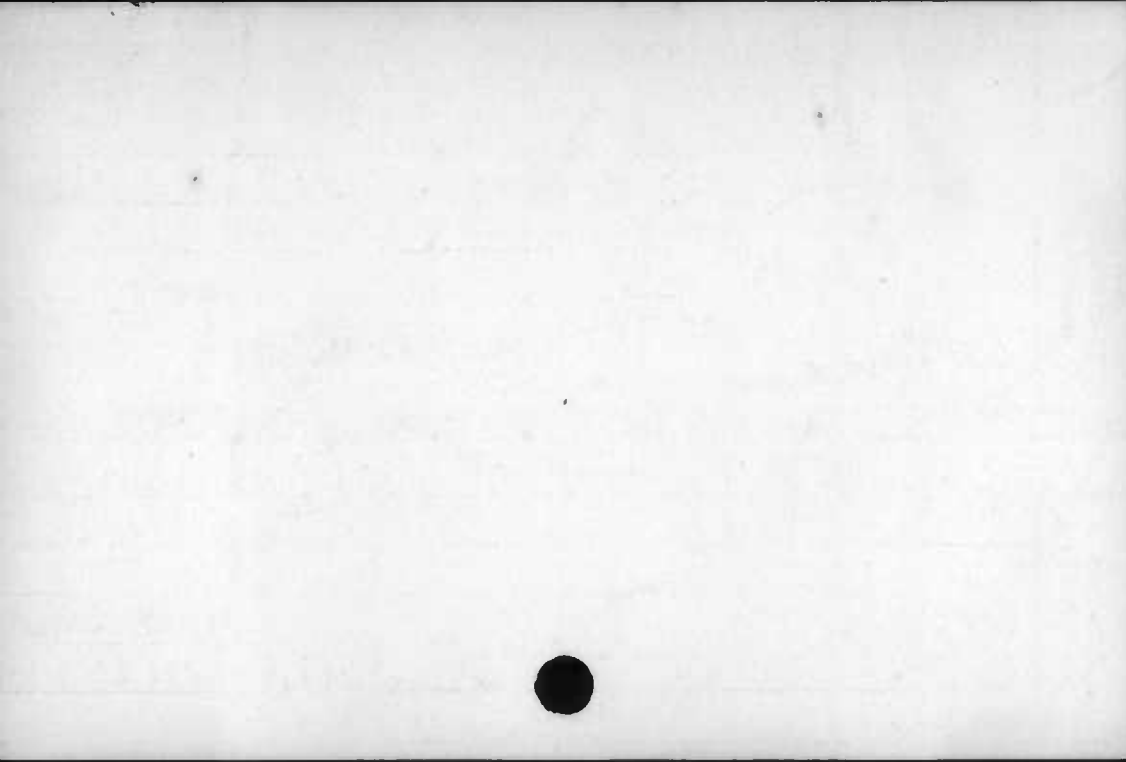
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Fairfield</i> ^{County} <i>A. A.</i>		MARYLAND	
Date of death	^{Month} <i>Jan</i> ^{Day} <i>23</i> ^{Years} <i>—</i>	^{Months} <i>—</i> ^{Days} <i>17</i>	
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Ma.</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Thomas. Simmes</i>	Father's Birthplace <i>Ma.</i>		
Mother's Maiden Name <i>Florence Miller</i>	Mother's Birthplace <i>Ma.</i>		
Name of person giving information <i>Thomas Simmes</i>	How related to deceased <i>Father.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Infantile Convulsion</i>	How long <i>2 hours</i>
Immediate	How long.
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. B. Horton Md.</i>
	Address <i>So. Balto - Md -</i>
Accident or Suicide? <i>—</i>	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

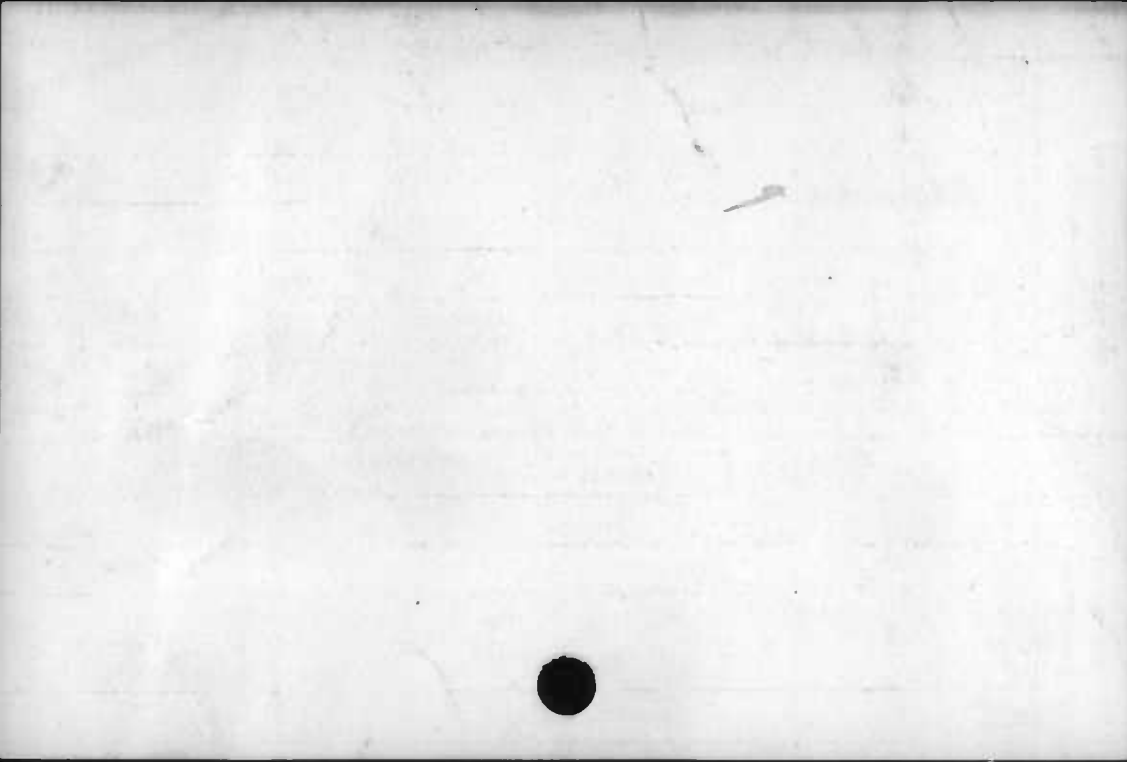
CERTIFICATE OF DEATH

Name in Full Roland N. Spencer		Town Annapolis		County Anne Arundel		STATE MARYLAND	
Died at		Date of death		Age		Months	
		1909 Jan 9		9			
Sex Male		Color or Race Colored		Birth-place Annapolis			
Occupation		Where Residing if not at place of death Acton Lane					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Nelson Spencer		Father's Birthplace A.A.C.					
Mother's Maiden Name Flourance Swann		Mother's Birthplace A.A.C.					
Name of person giving information Nelson Spencer		How related to deceased father					

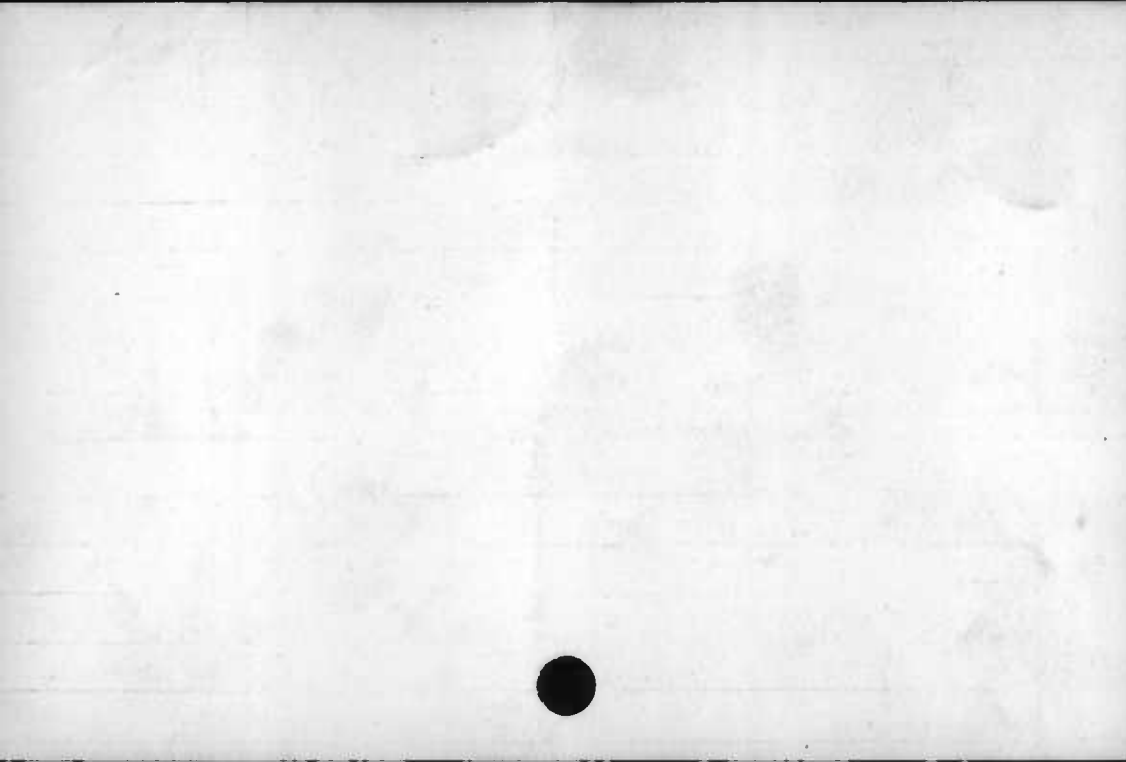
CAUSES OF DEATH

179

Primary	Marasmus	How long Months
Immediate	Exhaustion	How long Gradual
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician John Bidont	Address Annapolis Md
yes		
Accident or Suicide?		



Name in Full		Stewart.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Annapolis		County A. A. Co.		MARYLAND	
	Date of death	1909	Jan	15 th	Age	Years	Months Days
	Sex	Female		Color or Race	Bl.		
	Occupation			Where Residing if not at place of death		Birth-place Annapolis	
	Married, Single or Widowed			Name of Wife or Husband			
PHYSICIAN OR CORONER	Father's Name	J. Wesley Stewart				Father's Birthplace	A. A. Co. Md.
	Mother's Maiden Name	Leattie Williams				Mother's Birthplace	West Indies
	Name of person giving information	Harold H. Stewart				How related to deceased	Mother
	CAUSES OF DEATH						(8)
PHYSICIAN OR CORONER	Primary	Still-born					How long
	Immediate						How long
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician		John Ridout, M.D.	
				Address		Annapolis Md.	
Accident or Suicide?							



Name
in
Full

Ida B. Stinchcomb

CERTIFICATE OF DEATH

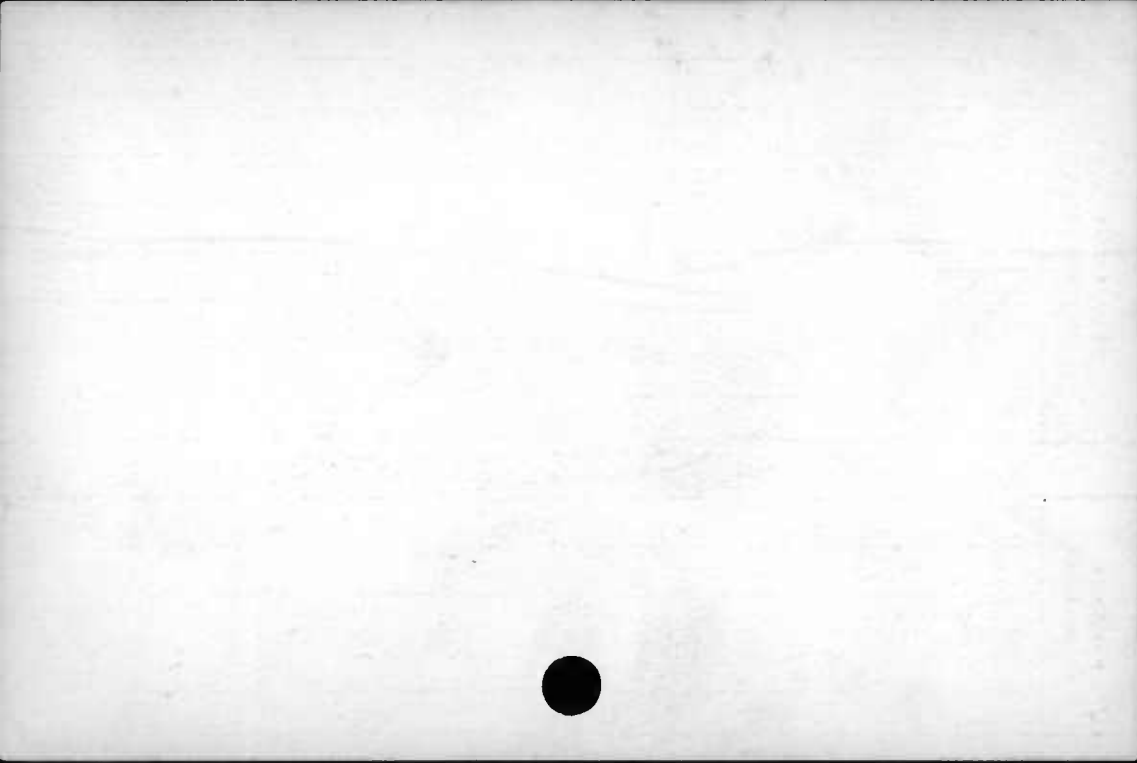
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Glenburnie</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	190 <i>9</i>	Month <i>Jan</i>	Day <i>30</i>	Age <i>4</i>	Years <i>4</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Anne Arundel Co</i>			
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____			
Father's Name <i>William Stinchcomb</i>		Father's Birthplace <i>A & Co Md</i>			
Mother's Maiden Name <i>Ida Wheeler</i>		Mother's Birthplace <i>A & Co Md</i>			
Name of person giving Information <i>Nelson A Stinchcomb</i>		How related to deceased <i>Uncle</i>			

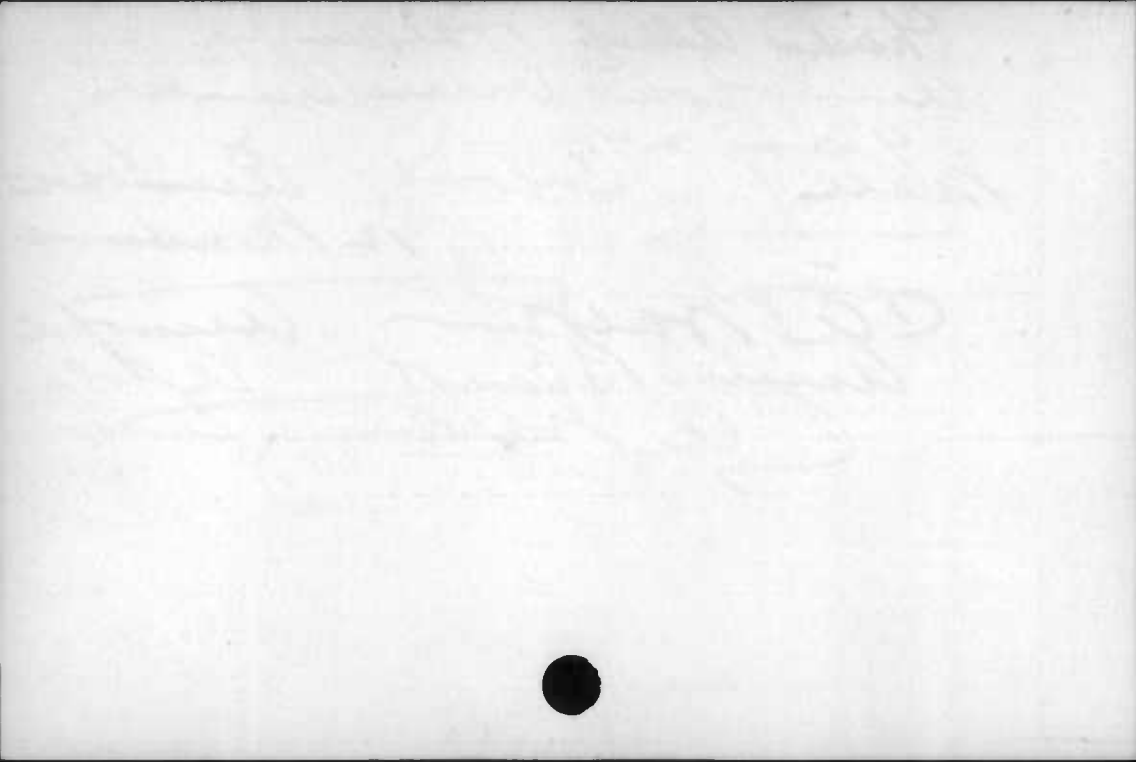
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Erysipelas Pneumonia</i>	How long <i>5 days</i>
Immediate <i>Heart failure</i>	How long <i>one hour</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. B. Rayburn</i>
<i>yes</i>	Address <i>Glen Burnie Md</i>
Accident or Suicide <i>Accident</i>	



Name in Full		Town				County		STATE	
Ivy Wakeland		Brooklyn				a a		MARYLAND	
TO BE ANSWERED BY NEAREST FRIEND	Died at								
	Date of death	1909	Month	Jan	Day	14	Age	Years	Months
	Sex	Female				Color or Race		white	
	Occupation					Birth-place		Ind	
					Where Residing if not at place of death				
TO BE ANSWERED BY NEAREST FRIEND	Married, Single or Widowed	Single				Name of Wife or Husband			
	Father's Name	E. P. Wakeland				Father's Birthplace		Ind	
	Mother's Maiden Name	Mary E. Lant				Mother's Birthplace		Ind	
	Name of person giving information	E. P. Wakeland				How related to deceased		father	
CAUSES OF DATH									
PHYSICIAN OR CORONER	Primary	Bronchitis				How long		2 weeks	
	Immediate	Heart failure				How long			
	Are the name, age, sex, color, date and place correctly given above?				Yes		Signature of Physician		
					Address		Chas. B. Brook		
	Accident or Suicide?								



Name
in
Full

Charles Albert Walker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

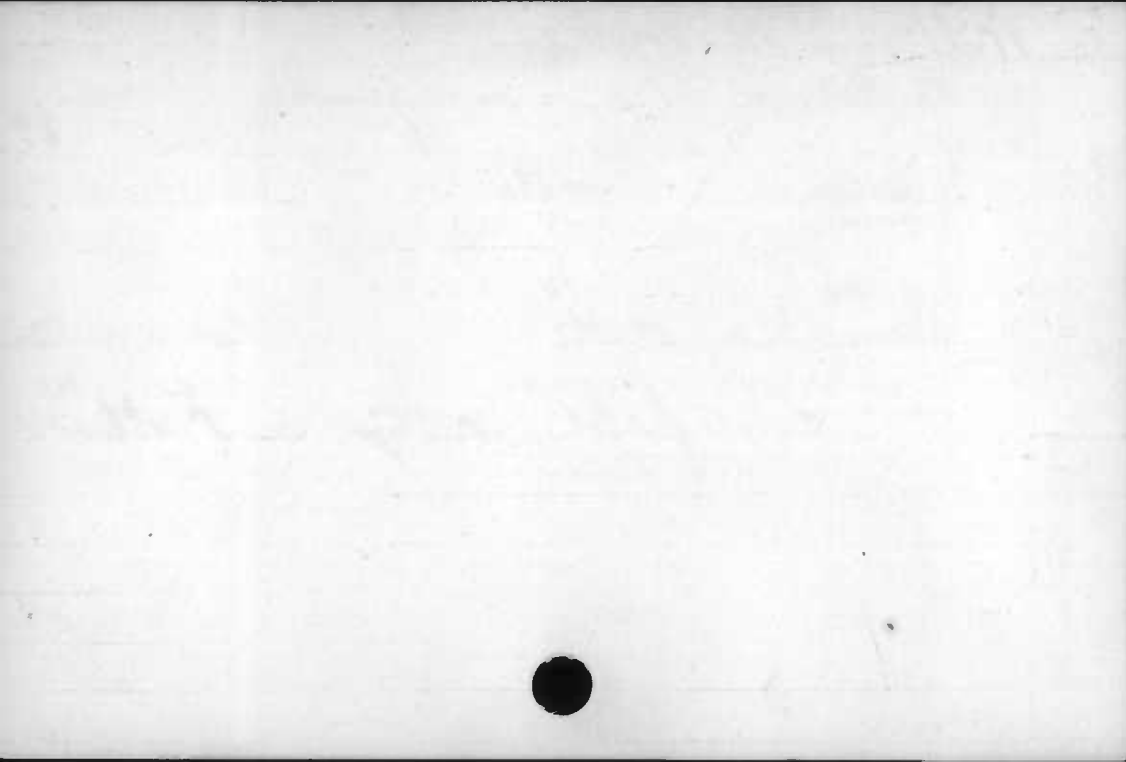
Died at		Town		County		State	
Annapolis		Annapolis		Maryland		Maryland	
Date of death	190	Month	Day	Age	Years	Months	Days
Date of death	9	Month	29	Age		Months	
Sex	Male	Color or Race	Colored	Birthplace	Annapolis		
Occupation				Where Residing if not at place of death	12 Monmouth		
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	C. A. Walker			Father's Birthplace	Annapolis		
Mother's Maiden Name	Alice B. Pack			Mother's Birthplace	Annapolis		
Name of person giving information	C. A. Walker			How related to deceased	Father		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	two days
Immediate	Heart Failure	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Ambrose Garcia	
		Address	
		14 Delany St	
		Annapolis Md	
Accident or Suicide?			



Name
in
Full

William M Watts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

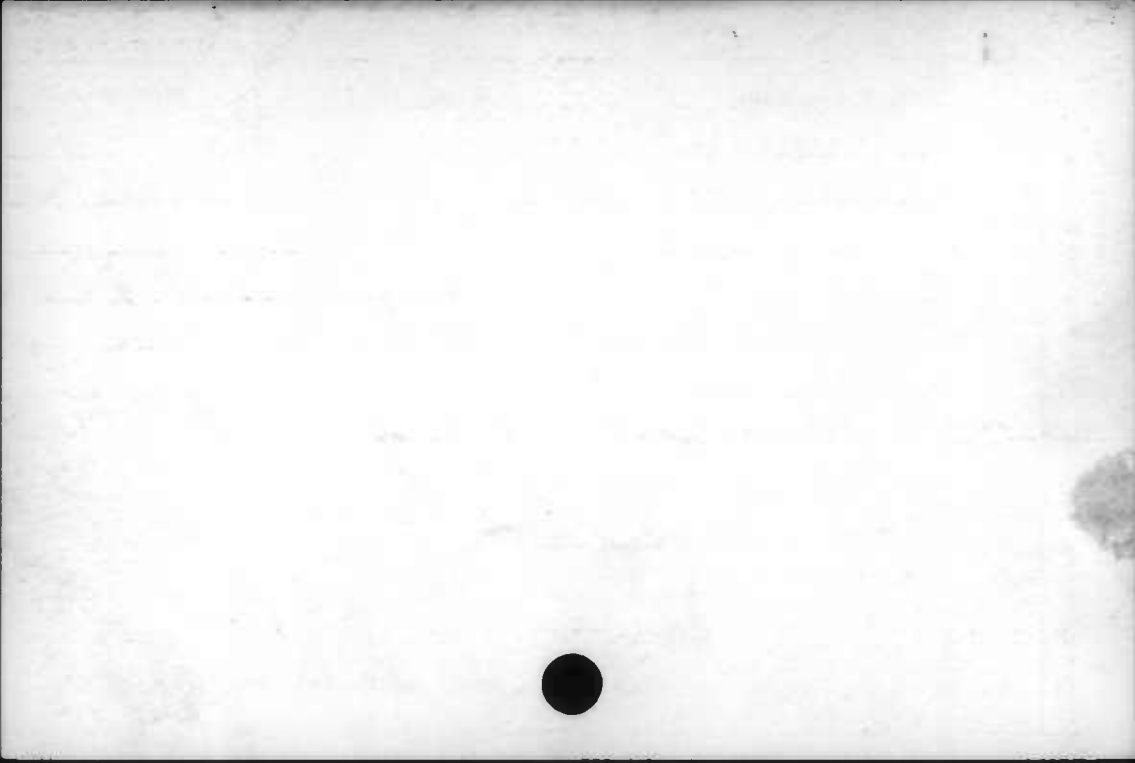
Died at <i>Linthicum Sta</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death 190 <i>9</i> / <i>1</i> ^{Month}		<i>27</i> ^{Day} <i>th</i> ^{Year}		Months <i>2</i> Days <i>15</i>	
Sex <i>Boy</i>		Color or Race <i>white</i>		Birth-place <i>Anne Arundel Co</i>	
Occupation <i>none</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>X</i>		Name of Wife or Husband <i>X</i>			
Father's Name <i>Somerfield Watts</i>		Father's Birthplace <i>Anne Arundel Co</i>			
Mother's Maiden Name <i>Alice Jackson</i>		Mother's Birthplace <i>"</i>			
Name of person giving Information <i>Somerfield Watts</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>5 days</i>
Immediate	<i>same</i>	How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Arthur Williams</i>	
		Address	
		<i>Elk Ridge Md</i>	
Accident or Suicide			
<i>no</i>			



Name
in
Full

Dead Born

Weiderman

CERTIFICATE OF DEATH

Died at ^{Town} Fairfield^{County} Ast.

MARYLAND

Date of death 1909 Jan

Day 7

Age Years

Months

Days

Sex Female

Color or Race

White

Birth-place

Fairfield, Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

William Weiderman

Father's Birthplace

Md

Mother's Maiden Name

Martha Fleischer

Mother's Birthplace

Germany

Name of person giving information

Martha Fleischer

How related to deceased

mother

CAUSES OF DEATH

Primary

Dead Born

How long

How long

Immediate

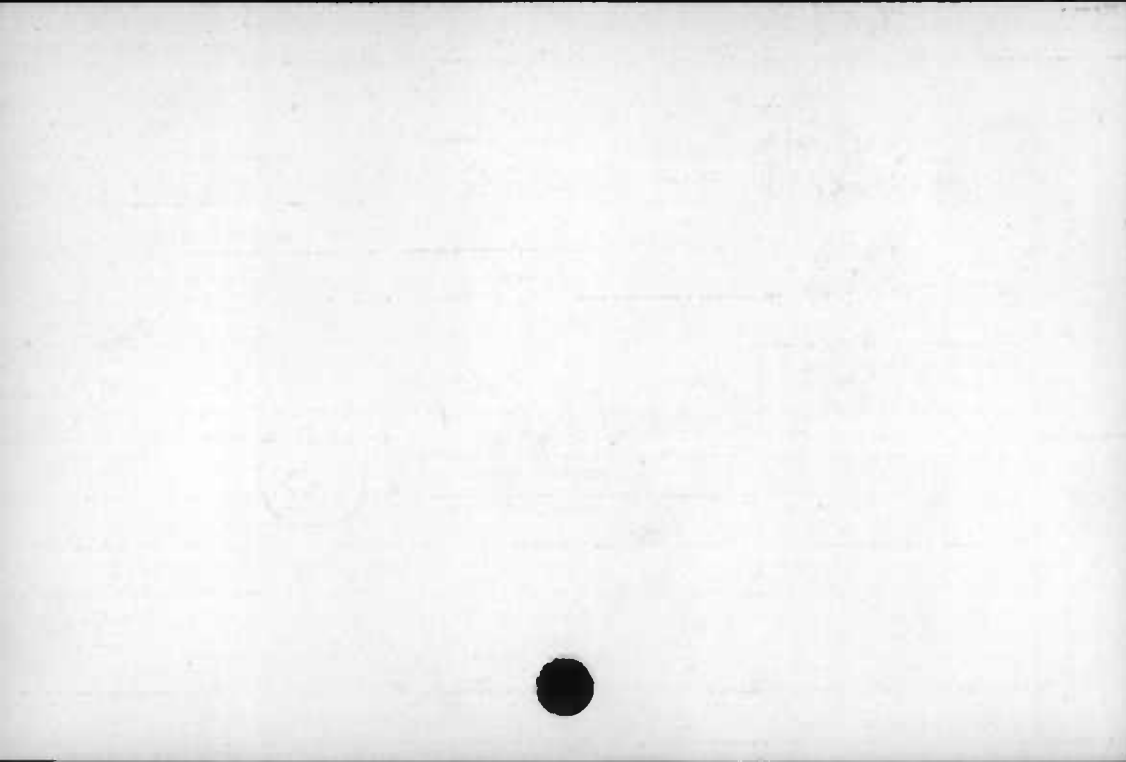
Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. B. Horton M.D.
So. Baltimore - Md~~Accident or Suicide~~TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Hattie When

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

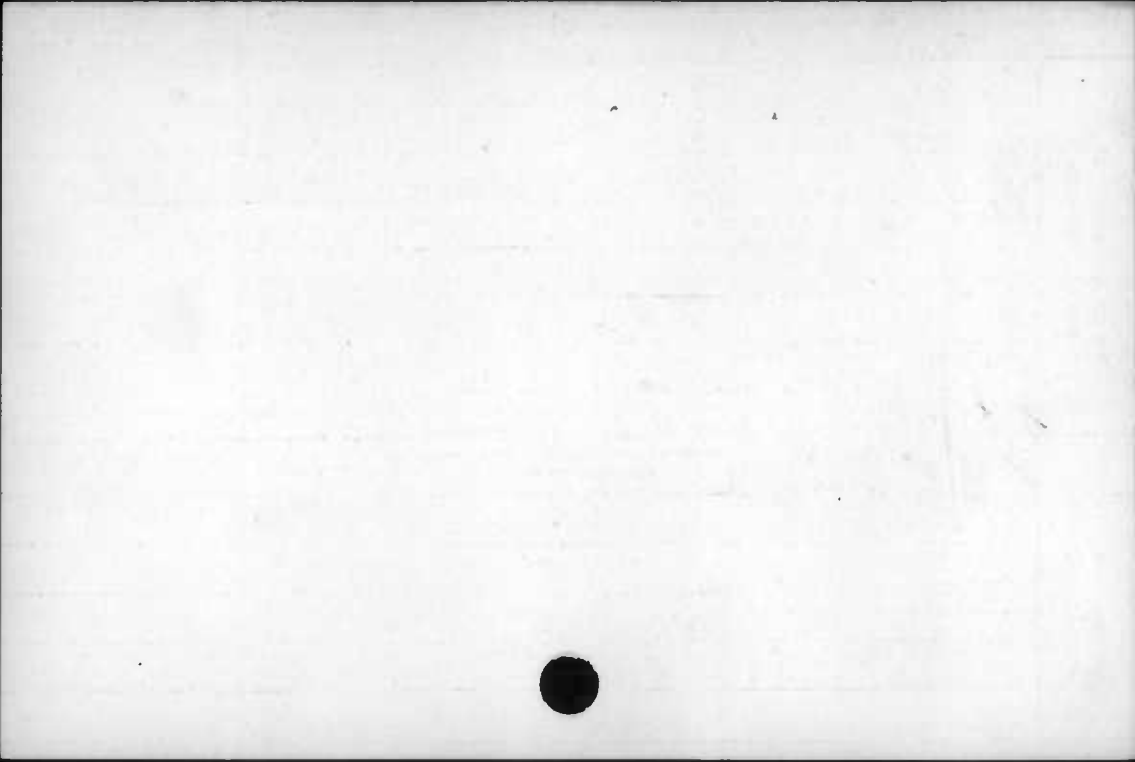
Died at		Town		County		State	
Annapolis		Annapolis		Annapolis		MARYLAND	
Date of death	1909	Month	January	Day	31 st	Age	Years
Sex		Female		Color or Race		Colored	
Occupation				Where Residing if not at place of death		Annapolis	
Married; Single or Widowed		Single		Name of Wife or Husband			
Father's Name		George When		Father's Birthplace		Annapolis	
Mother's Maiden Name		Mary Simpson		Mother's Birthplace			
Name of person giving information		George When		How related to deceased		father	

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Premature birth	How long	
Immediate	Exposure	How long	4 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Ambrose Garcia M.D.	
		Address	
		126 Gay St	
		Annapolis Md	
Accident or Suicide?			



Name
in
Full

"Bud." Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Annapolis Town Anne Arundel County **MARYLAND**

Date of death 1909 Jan. Month About 1st Day Age About: 25 Years Months Days

Sex Male Color or Race White Birth-place Unknown

Occupation Waiter Where Residing if not at place of death _____

Married, Single or Widowed Unknown Name of Wife or Husband _____

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information Geo. C. Woodley Undertaker How related to deceased _____

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary Accidental Drowning How long _____

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Charles G. Feldmeyer Address Justice of the Peace

Accident or Suicide Accident Anne Arundel Acting Coroner



Name
in
Full

Margaret Anderson Woodward

CERTIFICATE OF DEATH

Town

Millsboro

County

A. A.

MARYLAND

Died at

Date

of death

1909

Month

Jan.

Day

4

Age

Years

70

Months

Days

11

Sex

Female

Color or
Race

White

Birth-
place

A. A. Conrad

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Henry Woodward

Father's
Name

Richard Anderson

Father's
Birthplace

Me

Mother's
Maiden Name

Sophia Woodward

Mother's
Birthplace

..

Name of person giving
Information

Harry Woodward

How related
to deceased

Son

CAUSES OF DEATH

Primary

Diabetic Mellitus

How long

3 mos.

Immediate

Coma

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

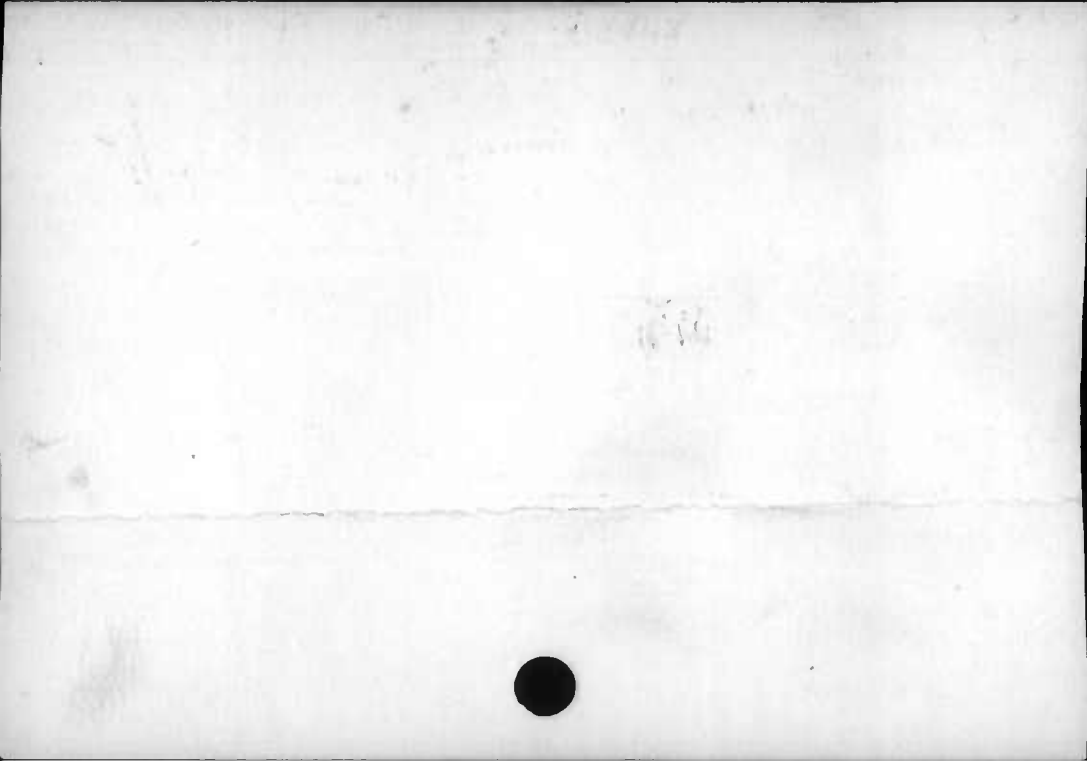
Signature of
Physician

J. J. B. Hunt

Address

Millsboro Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>3^d District</i>		Town		County	
Date of death <i>1909</i>		Month	Day	Age	Years
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place	Months
Occupation		Where Residing if not at place of death		Days	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	<i>Not known</i>	How long	<i>3 minutes</i>
Immediate	<i>Convulsion</i>	How long	<i>10 minutes</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			

